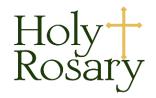


HOLY ROSARY PARISH GALA EVENT TICKET ORDER FORM

hrparish.org/gala



PURCHASER INFORMATION (Please Print)

NAME:	DATE:	
ADDRESS:		
CITY:	STATE: Z	ZIP:
PHONE: EMAIL:		
TICKET PRICES	# Ticket	<u>Amount</u>
Guest Tickets \$90/person		\$
Benefactor Tickets \$125/person		\$
(includes premier table placement & special recognition in the p	program)	
Half Pot Raffle Tickets (License #001299)		\$
\$25 ea. or 6 for \$100 (7 for \$100 if purchased by 1/	/29/26)	
I would like to be a corporate sponsor (includes ticked Levels: \$500, \$750, \$1,000, \$2,000, \$3,000 & \$5,000 Benefit	•	\$
I would like to sponsor a teacher to attend		\$
I am unable to attend. Please accept my donation to be used for improvements to our educational resources and to the operation of Holy Rosary parish and school.	o support	\$
·	L AMOUNT ENCLOS	ED: \$
METHOD OF PAYMENT: CASH CHECK# (Please make checks payable to		RD
CARD NOEXP. DAT	ECVV N	lumber
ADDRESS & ZIP CODE CARD IS BILLED TO (IF DIFFERENT FROM A		mber on back of card)
I agree to pay the above amount charged to my debit agreement.	card in accordance w	ith my debit card
Date: Signature:		
Completed forms should be mailed w		

Completed forms should be mailed with payment to
Holy Rosary Parish, ATTN: Gala, 1301 S Green River Rd, Evansville, IN 47715

If additional order forms are necessary, you may make copies of this form, call the Parish office at 812-477-8923 or download from https://hrparish.org/gala

QUESTIONS? Contact Julie Bath at jbath6122@aol.com or 812-499-1826

visit hrparish.org/gala