



Business or Individual Name (as it should appear in printed material):

Contact _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Enclosed is my check for \$ _____ **made payable to "Holy Rosary."**

I would like to defer my payment, please bill me in January 2026. ☐ **YES** ☐ **NO**

Please charge: ☐ **VISA** ☐ **MASTERCARD**

Card# _____ **CVV** _____ **Expiration Date** _____

Name as it appears on the Card _____

Billing Address for Card, if different from above address:

Address _____

City _____ **State** _____ **Zip** _____

Please contact me to pick up (description of item) _____

Valued at \$ _____ **for the Auction.**

Would you like your banner returned to you after display time is complete? ☐ **YES** ☐ **NO**

PLEASE SEND THE COMPLETED FORM TO THE ADDRESS BELOW, ATTN: GALA

Thank you for your support of Holy Rosary Church & School.

Questions? Contact:

Christine Gilles, Volunteer & Stewardship Director

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812-477-8923 x 224

hrparish.org/gala