



Sister Thea Bowman Catholic School  
Annual Benefit Gala  
Saturday, March 18<sup>th</sup>, 2017

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_ \$50.00 per person

\_\_\_\_\_ \$500.00 table SPONSOR of eight  
includes Sponsorship Gift

\_\_\_\_\_ I am unable to attend, but wish to support  
the cause. Please accept my tax deductible  
donation of \$ \_\_\_\_\_

Please make checks payable to:

Sister Thea Bowman Catholic School  
**Reservation due by Feb. 20<sup>th</sup>, 2017**

*(618) 397-0316*

Note that \$20 of each \$50 ticket is tax deductible  
as allowed by IRS Section 170(f)(8) and 6115.

**Please list all guests' names or specify who you want to be seated by for table reservations.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

Payment from all parties must be received by  
February 20<sup>th</sup> to hold reservations for a table of 8.

Please indicate dietary restrictions