



I/we will attend and have chosen to participate in the City of Angels Christmas Gala as follows:

- _____ Benefactor Table, \$10,000, hosts 10 Angels, includes a Full-Page Tribute Ad in the Program Book.
- _____ Patron Table, \$5,000, will seat 10 Angels, includes a Half-Page Tribute Ad.
- _____ Individual Benefactor dinner reservation at \$1,000 each, includes a Quarter-Page Tribute Ad.
- _____ Individual dinner reservation at \$500 each.

Tribute Ad in the Program Book (deadline is Friday, November 3, 2017):

- _____ Full-Page Tribute Ad, \$1,000.
- _____ Half-Page Tribute Ad, \$500.
- _____ Quarter-Page Tribute Ad, \$250.
- _____ Your Name on the General Tribute Pages, \$100.
- _____ I/we cannot attend. Enclosed is our gift of \$ _____.

Name _____
Address _____
Telephone _____ Fax _____
E-mail _____

_____ Enclosed is a check in the amount of \$ _____.
(Please make check payable to Catholic Charities of Los Angeles.)

_____ Please charge my: ___ AmEx ___ Discover ___ MasterCard ___ Visa
Card No. _____
Expiration date: _____ Billing Zip Code: _____

_____ This is my/our pledge of \$ _____ which will be paid by _____.

Federal Tax Identification: 95-1690973

Please return by mail, in the self-addressed envelope provided, to:

Catholic Charities of Los Angeles, Inc.
Development and Communications
Attn: Alexandria Arnold
1531 James M. Wood Boulevard,
Los Angeles, CA 90015-0095;
or by fax to
(213) 251-3497.

Please direct questions to Alexandria (Sandi) Arnold at sarnold@ccharities.org or (213) 251-3495.