



Let Love Shine

Name/s _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Please send me the Christ Child Society e-newsletter

\$70 per person

Please make check payable to Christ Child Society of South Bend

Reservations

_____ No. of attendees
(All reservations will be held at the door under the name listed above)

_____ Unable to attend, please accept my enclosed
donation of \$ _____

*Please see other side for
sponsorship opportunities*

Kindly
reply by
June 7

Sponsorship Opportunities

_____ **Platinum sponsor**
\$10,000 - sixteen guests to event

_____ **Gold sponsor**
\$5,000 - ten guests to event

_____ **Silver sponsor**
\$2,500 - eight guests to event

_____ **Bronze sponsor**
\$1000 - six guests to event

_____ **Friend**
\$500 - four guests to event

_____ **Donor**
Gifts under \$499
Donation amount \$ _____

Name as it should be listed for recognition

___ I wish to remain anonymous.

All contributions are tax deductible.