



**ST. AMBROSE**  
CATHOLIC SCHOOL

**2017 St. Ambrose Catholic School  
Gala Committee  
Underwriter Contribution**

Company/Foundation

Individual Donation

Donor \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Name that should appear in all print materials  
(if different than above donor)

Please select from one of the following Sponsorship levels. Company name will be included on the St. Ambrose Gala Program. Tickets to the Gala are also a part of your benefit package. Please indicate the level you would like to participate.

**Underwriting Levels**

**Imperial** **\$5,000**  
*2 tables (seating for 20)  
 VIP seating with Judy Fritsch, Head of School  
 Full page ad in event program & prominent listing in published materials & website*

**Angelic** **\$1,000**  
*Reserved seating for 6  
 VIP seating  
 ¼ page ad in event program & Prominent listing in published materials & website*

**Docere** **\$2,500**  
*1 table (seating for 10)  
 VIP seating  
 ½ page ad in event program & prominent listing in published materials & website*

**Ambrosian** **\$300**  
*Reserved seating for 2  
 VIP seating  
 Prominent listing in published materials & website*

I am unable to underwrite the event, but wish to reserve a table for 10 - \$1000

I would like to purchase an individual ticket for \$85. # of tickets \_\_\_\_\_ Total \$ \_\_\_\_\_

I am unable to attend, but wish to make a contribution of \$ \_\_\_\_\_

**Please make all checks payable to St. Ambrose Catholic School**

*Please return this form by **March 15, 2017** in the return envelope, or by fax at 713-686-6902, Attn: Danna Jankowski  
 Payment must be received prior to the event date. If any questions please email Danna Jankowski, Underwriting Chair, at  
 djankowski@sashornets.org*