



ST. AMBROSE
CATHOLIC SCHOOL

**2018 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 all print materials. 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 **September 1, 2018** 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*