



PARTNERSHIP COMMITMENT FORM

I/WE WOULD LIKE TO SUPPORT THE 2016 SPIRIT OF CHARITY GALA AT THE FOLLOWING LEVEL:

Name _____
(As you would like it to appear in print)

Enclosed is my check for \$ _____ made payable to
Catholic Charities.

Company _____
(Company should receive recognition yes no)

Please charge my credit card in the amount of \$ _____

American Express Discover Master Card Visa

Address _____

City, State, Zip _____

Card Number _____ Exp. Date _____

Phone _____

Name on Card _____

Email _____

Signature _____

I/We cannot participate, but would like to donate \$ _____.

Table Host: I/We are delighted to purchase a table.

Sponsorship Level : _____ Amount \$ _____
 Contact Name, Phone, Email: _____

Branding: I/We are delighted to purchase corporate branding opportunity.

Branding Opportunity : _____ Amount \$ _____
 Contact Name, Phone, Email: _____

Tote: I/We are delighted to purchase a tote bag item.

Tote Item Underwriting (Indicate desired Tote Item): _____ Amount \$ _____
 Artwork Contact Name, Phone, Email: _____
 Please submit logo artwork in eps format only to ZPoole@CatholicCharities.org

Please return this completed form by **April 22, 2016**
 to be included in all print collateral.
 For more information please contact Zarinah K. Poole at
 713-874-6649 or ZPoole@CatholicCharities.org

Thank you for your support!

2900 LOUISIANA STREET | HOUSTON, TEXAS 77006
 Phone: 713.526.4611 | FAX: 713.526.1546 | www.CatholicCharities.org
 501(c) 3 • Tax ID Number: 74 1109733

