

# Angles of Mercy Gala

(Kindly RSVP by Sept. 2, 2016)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Premium Reservations: Patron \$5,000 • Sponsor \$2,500 • Supporter \$1,750**

Please reserve my Premium Table for ten \_\_\_\_\_ \$ \_\_\_\_\_

Individual Reservations for \$175 each # \_\_\_\_\_ \$ \_\_\_\_\_

Please accept my donation \_\_\_\_\_ \$ \_\_\_\_\_

I would like to sponsor \_\_\_\_\_ Little Sisters or Residents for \$175 each \_\_\_\_\_ \$ \_\_\_\_\_

Opportunity tickets: \_\_\_\_\_ \$ \_\_\_\_\_

Total amount enclosed: \_\_\_\_\_ \$ \_\_\_\_\_

Checks payable to the Auxillary of the Little Sisters of the Poor or charge to

\_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ AMEX

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature as name appears on card \_\_\_\_\_

*Tax-deductible to the extent allowed by law. Tickets will be held at the door.*

*List guests at your table on the reverse side. 310-548-0625 For questions.*

# *Angles of Mercy Gala*

*Guest List / Seating Preference*

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