

ST. ALPHONSUS SCHOOL
GALA 35 – DINNER AND DANCE
SATURDAY, APRIL 26, 2025
DELTA HOTEL

SPONSOR ORDER FORM

Company/Individual Name: _____ Contact: _____

Address: _____ City: _____ Prov: _____ Postal Code _____

Phone Number: _____ Tax Receipt Issues to: _____

Name to appear on Sponsor acknowledgement: _____

SPONSOR LEVEL – Please check one of the following

HOST SPONSOR \$10,000.00

Diamond Level (10 Tickets) \$5,000.00

Platinum Level (8 Tickets) \$3,000.00

Gold Level (6 Tickets) \$1,900.00

Silver Level (4 Tickets) \$1,200.00

Bronze Level (2 Tickets) \$650.00

Evergreen Level (no Tickets) \$250.00

Payment Method

Cheque Credit Card e-Transfer Payment amount of \$ _____

*Please make cheques payable to “St. Alphonsus Gala Dinner”

*e-Transfers can be sent to galapayments@stals.ca

Payment Plan Options

Please choose the # of payments (max 4) and divide by the sponsorship amount

Number of Payments: _____ Each Payment Amount: \$ _____

Please check off payment plan dates below:

January 31, 2025 February 15, 2025 March 15, 2025 April 15, 2025

*Please make post dated cheques out to “St. Alphonsus Gala Dinner” for the above selected dates

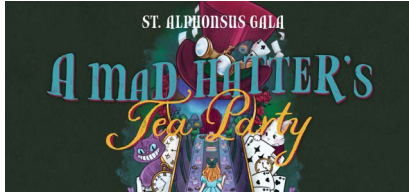
Credit Card Information

Visa/Mastercard Number: _____ Expiry Date: _____

Name on Card: _____ Signature: _____

First Gala Attending? Yes or No

Referred By (St. Als Family Name:)



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GUEST LIST - Family and Friends Welcome

PURCHASE INFORMATION

Company/Individual Name: _____ Contact: _____

Sponsorship Level (if applicable): _____

GUEST NAMES (INCLUDING PURCHASER)

| Name of Guest | Dietary Restrictions/Allergies |
|---------------|--------------------------------|
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ADDITIONAL INFORMATION

Please seat us with _____