RSOP



24th Annual St. Patrick's Day Party

Saturday, March 2, 2019

Yes! Have I want to be a Mulliganeer!

Please send me tickets to the St. Pat's Party!					
0	I would like tickets at \$100 per ticket				
0	I would like to reserve a table (ten tickets) at \$1,000				
O	Sorry, I am unable to attend, but please				
	accept my donation of \$				
Ιv	vant to be a sponsor!				
O	Platinum\$ 15,000 Twenty event tickets with reserved premium seating, full-page program ad, website recognition, and event signage				
О	Gold\$ 10,000 Ten event tickets with reserved premium seating, full-page program ad, website recognition, and event signage				
О	Silver\$ 5,000 Ten event tickets, program and website recognition, and event signage				
О	Bronze\$ 1,000 Four event tickets, program and website recognition				
0	Shamrock\$ 500 Two event tickets, program and website recognition				

I want to donate the perfect item!

ltem(s) donated _	
- Value of item(s) _ -	
l would like to	o be a Mulliganeer's volunteer!
O I would like to	o help at the St. Patrick's Day Party.
O I am unable t	o volunteer for this event, but please have
someone cor	ntact me regarding other opportunities.
My preferred me	thod of contact is:
O Phone	
O Email	

I want to support this event with an ad! O I would like to place an ad in the program book

0	Full Page	7.5W x 9.0H	\$ 500
0	Half Page	7.5W x 4.25H	\$ 300
0	Quarter Page	3.5W x 4.25H	\$ 200
\bigcirc	Rusiness Card	3 5W x 2 0H	\$ 100

Send your high resolution artwork/logo to mulliganeers.julie@yahoo.com

Program book ad artwork is due by February 10, 2019

Name					
Business Name					
Address					
City	State	Zip			
Phone					
Payment Totals					
Tickets	# of tickets @ \$100	\$			
Table	# of tables @ \$1,000	\$			
Monetary Donation		\$			
Sponsorship	level	\$			
Program Book Ad*	size	\$			
	Total Amount Enclosed	\$			
*Program book Preferred Payment	ad artwork is due by Februa Method	ry 10, 2019			
O My check is enc					
-	ur check payable to Mulligan	eers.			
	Please bill my credit card O Visa O Mastercard O American Express O Discover				
Card #	Card #				
Expiration Date	CV	'V #			
Billing Zip Code	Billing Zip Code				
Name on Card (pleas	Name on Card (please print)				
Signature					