

**Parish Reservation: (please complete all spaces)**

Pastor Name \_\_\_\_\_

Parish \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Reservation:**

**PATRON \$2,400** (Table of 8 AND sponsorship of a table of 8 for a sister parish)

We will sponsor \_\_\_\_\_ parish.

**FRIEND \$1,200** (Table of 8)

**Individual Reservation \$150** x (number) \_\_\_\_\_

Please accept our donation of \$ \_\_\_\_\_

**Payment:**

VISA       MasterCard       Mailing Check

Card Number \_\_\_\_\_ Exp \_\_\_\_\_

Name on Card \_\_\_\_\_ Billing Zip \_\_\_\_\_

**Make check out to:**

Catholic Charities/Matthew25:  
 PO Box 121831, San Diego, CA 92112-1831

**Parish Checklist (Deadline is Oct. 25, 2018)**

- Send in Nomination
- Make a Table Reservation
- Send Names of Attendees

**Please email names of the 8 attendees  
 for your table to:**

[Matthew25@ccdsd.org](mailto:Matthew25@ccdsd.org)

**Or**

**List attendees below:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

☞ Please **SAVE** this form as a PDF and then email to: [Matthew25@ccdsd.org](mailto:Matthew25@ccdsd.org)

**OR**

**PRINT and MAIL TO:** Catholic Charities ~ PO Box 121831 ~ San Diego, CA 92112