

22nd Annual
*Salute
 to Catholic
 School Alumni
 2012*

Sponsored by the Catholic Education Foundation, Inc.

Galt House Hotel • Wednesday, March 14 • Doors open 6 p.m. • Dinner & program 7 p.m.

RESERVATION FORM

<input type="checkbox"/> BENEFACTOR \$25,000 - \$50,000 <ul style="list-style-type: none"> • 3 tables of 10 with premier placement • Signature recognition for event • Recognition of sponsorship from podium the evening of the event • Name/logo on event signage • Acknowledgement in Business First & The Record • Placard with company name prominently displayed on table • Recognition in dinner program 	<input type="checkbox"/> CHAIRMAN \$10,000 <ul style="list-style-type: none"> • 2 tables of 10 with premier placement • Recognition of sponsorship from podium the evening of the event • Name/logo on event signage • Acknowledgement in Business First & The Record • Placard with company name prominently displayed on table • Recognition in dinner program
<input type="checkbox"/> LEADERSHIP \$5,000 <ul style="list-style-type: none"> • 2 tables of 10 with preferred placement • Name/logo on event signage • Acknowledgement in Business First & The Record • Placard with company name prominently displayed on table • Recognition in dinner program 	<input type="checkbox"/> ACHIEVEMENT \$3,000 <ul style="list-style-type: none"> • 1 table of 10 with preferred placement • Name/logo on event signage • Acknowledgement in Business First & The Record • Placard with company name prominently displayed on table • Recognition in dinner program
<input type="checkbox"/> HONORS \$2,000 <ul style="list-style-type: none"> • 1 table of 10 • Company name prominently displayed on table • Recognition in dinner program 	<input type="checkbox"/> SCHOLARS \$200 <ul style="list-style-type: none"> • Individual ticket to event Please reserve _____ seats

In addition, my company would like to sponsor a second table for a Catholic school of our choice; \$1,000
 (This option is only available for school tables with the purchase of a table at Honors Level or higher)

School _____ OR I would like the Foundation to choose a school

Contact Name _____ Company _____

Address _____ City, State, Zip _____

Phone _____ E-mail _____

PAYMENT TOTAL: \$ _____

Please invoice me
 Check enclosed
 Please charge my (circle one)
All checks payable to Catholic Education Foundation

Name on card _____

Card Number _____

Expiration Date ____/____ V-Code _____ (last 3 digits on the back of your card in the signature area)

Please return this form by February 24, 2012 to Catholic Education Foundation office
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www.ceflou.org