

**Deo Gratias
Saturday, October 29, 2016
Sponsor Pledge Form**

PLEASE PRINT CLEARLY & RETURN BY OCTOBER 1, 2016

Company Name (if applicable) _____

Last Name(s) _____ First Name(s) _____ MI _____

Address _____

City _____, State _____ Zip _____

Phone: _____ Email: _____

Name as you would like it to appear in program/signage: _____

All event sponsors receive (2) Patron Party (pre-gala in the monastic refectory) tickets, acknowledgment in the program and on signage, a commemorative gift and priority vespers seating in church. Your generosity is appreciated. Please select your sponsorship level below.

| Sponsorship Level | Donation | Event Benefits |
|--|----------|---|
| <input type="checkbox"/> Soli Deo | \$ 600 | 2 event + raffle tickets + reserved seating |
| <input type="checkbox"/> Gloria Deo | \$ 1,250 | 4 event + raffle tickets + reserved seating |
| <input type="checkbox"/> Laus Deo | \$ 2,500 | 8 event + raffle tickets + reserved seating |
| <input type="checkbox"/> Iubilate Deo | \$ 5,250 | 12 event + raffle tickets + reserved seating + 2 additional tickets to exclusive Patron Party in monks' refectory |
| <input type="checkbox"/> Deo Optimo Maximo | \$10,000 | 16 event + raffle tickets + reserved seating + 6 additional tickets to exclusive Patron Party in monks' refectory |

Please enclose initial contribution for your sponsor level as stated above. Indicate payment type:

Check \$ _____ Check # _____ Balance pledged (if applicable) \$ _____ Initial _____
(If applicable: Payments will be spread equally over **3 months** Pledge envelopes will be provided for your convenience)

Credit Card, I authorize charges to my card as indicated: Initial credit card charge amount \$ _____

| | |
|---------------------------------------|-------------------|
| Credit Card TYPE (circle one): | Amex |
| Visa | MasterCard |
| | Discover |

Balance pledged (if applicable) \$ _____
Payments will be spread equally over **3 months**

Name on Card: _____

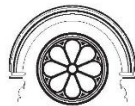
Security Code: _____

Card No. _____

Exp. Date _____

Signature: _____

Date _____



SAINT JOSEPH SEMINARY COLLEGE

PLEASE RETURN THIS FORM IN THE ENCLOSED ENVELOPE TO: Attn: Christine Kelly Baglow
Saint Joseph Seminary College • 75376 River Rd • St. Benedict, LA 70457 • 985.867.2279