

GUEST NAMES & EMAIL ADDRESSES

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2.	
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PLEASE SEND ALL DIETARY CONCERNS TO CATHYBURCH05@GMAIL.COM BY OCTOBER 30.

Thank you for your generous support and gifts to the KKG Charitable Foundation of Houston.



I WOULD LIKE TO PARTICIPATE AT THE FOLLOWING LEVEL:

□ \$5,000 FLEUR DE LIS	□ \$200 INDIVIDUAL
· Table for 10 guests and 5 tickets to the	No. of tickets
Pop & Shop	
· Sponsor recognition in event materials	□ \$150 INDIVIDUAL
□ \$3,500 KEY	Members 30 years and under No. of tickets
• Table for 10 guests and 4 tickets to the	\
Pop & Shop	☐ I am unable to attend but wish to
· Sponsor recognition in event materials	make a donation of \$
□ \$2,250 OWL	
· Table for 10 guests and 2 tickets to the	
Pop & Shop	\
 Sponsor recognition in event materials 	
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LIMITED SEATIN	
SEATS WILL BE FILLED IN THE ORDE KINDLY REPLY WITH PAY	
SPONSOR NAME (TO APPEAR ON PRINTED MATER	
•	
Address	
CityState	ZIP
Phone Email	
Total Amount \$	\
I would like to pay by:	
() CHECK (PAYABLE TO KKG CHARITABLE F *Payment by check preferred to maximize your do	('
() Credit Card (Please circle one) Am	MEX VISA MASTERCARD DISCOVER
Name (as it appears on card)	
Card Number	
Expiration Date Security	

Signature