

Christine's C·H·R·I·S·T·M·A·S

Benefiting

Make-A-Wish
OHIO, KENTUCKY AND INDIANA

ChristinesChristmas.org

Sponsorship Information

For complete sponsorship information and benefits, please visit ChristinesChristmas.org

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Diamond (\$2,500) 4 TICKETS
Social media & website recognition;
inclusion in program* & reception signage | <input type="checkbox"/> Platinum (\$1,000) 4 TICKETS
Social media recognition; inclusion in
program* & reception signage |
| <input type="checkbox"/> Gold (\$500) 4 TICKET
Inclusion in program* & reception
signage | <input type="checkbox"/> Silver (\$300) 2 TICKETS
Inclusion in program* |

*Sponsorship must be confirmed by 11/19/18 to be included in printed program.

Ticket Information *

All tickets include concert, hors d'oeuvres, dessert, and coffee bar.

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|---------------------------------------------------------------------------------------------------|---------------------|
| <input type="checkbox"/> Adult Reserved Seats (\$100) | # of tickets: _____ |
| <input type="checkbox"/> Child/Student Reserved Seats (\$35) | # of tickets: _____ |
| <input type="checkbox"/> Balcony Adult Seats (\$50) | # of tickets: _____ |
| <input type="checkbox"/> Balcony Student Seats (\$25) | # of tickets: _____ |
| <input type="checkbox"/> I am unable to attend, but please accept my gift to Make-A-Wish \$ _____ | |

***Ticketmaster:** a limited number of tickets will be available for an additional fee.

Contact Information

Name (please print as you would like it to appear in recognition)

Address (address to which tickets should be mailed)

City

State

Zip

Email

Phone

Payment Information

Cash

Check (please make payable to Make-A-Wish)

Credit Card

Name on Card

Credit Card #

Exp. Date

Billing Address

City, State, Zip Code

Signature

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Please send completed form to ChristinesChristmas@oki.wish.org