

House of Champions 5th Annual Benefit

- BENEFACTOR**
\$5,000 (\$4,720 tax deductible)

- UNDERWRITER**
\$3,000 (\$2,790 tax deductible)

- PATRON**
\$1,000 (\$860 tax deductible)

- SPONSOR A CHILD**
\$500 (\$430 tax deductible)

- INDIVIDUAL TICKET | #TICKETS _____**
\$65 (\$30 tax deductible)

- I am unable to attend, but would like to support House of Champions with a gift of \$ _____.

Please print clearly exactly as you wish to be listed in printed materials:

Company/Name

Contact

Address

City, State, Zip

Email

Phone

Names of those attending event:

Payment Options

Credit Card Number

Card #Exp Date
(Required)

CVV Code
(Required)

Name on Card

Company

Billing Address

Billing City/State/Zip

Phone

Authorized Signature Date

Check enclosed for \$ _____
payable to House of Champions.

Please charge \$ _____
to the following credit card:

VISA

MasterCard

American Express

Other _____

CONTACT SISTER MARY KAY CONKEY, OSU AT 216-939-8330 OR NUN4KIDS@YAHOO.COM FOR MORE INFORMATION.

**PLEASE RETURN BY OCTOBER 1, 2017 TO
KATHLEEN KNAPIK, 6688 BRAMBLEWOOD LANE, MAYFIELD VILLAGE, OH 44143**