
NAME

ADDRESS / CITY/ STATE/ ZIPCODE

PHONE / EMAIL

PARISH AFFILIATION (IF APPLICABLE)

RESERVATION INFORMATION

Please make _____ event reservation(s) at \$75 each. \$_____.

Please make a table reservation of ten for \$650. \$_____.

Reservation name for table: _____.

Regrets. I/we cannot attend but wish to contribute to ACDVO \$_____.

Raffle tickets at \$5 each or \$20/5 tickets will be sold at the benefit.

PAYMENT: Enclosed is my check for \$_____, payable to Domestic Violence Outreach

If you are purchasing more than your own ticket, lease list your guests' names:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you wish to be seated with other guests attending the Gala, please indicate those names:



MAIL FORM AND PAYMENT TO:
Domestic Violence Outreach
1914 South Ashland Avenue
Chicago, Illinois 60608

Questions: Email Jan Burdulis at jmburdulis@gmail.com