

Angels of Hope Luncheon
Tuesday, December 9, 2014
Hilton Americas - Houston



childadvocates
FRIENDS OF
CHILD ADVOCATES

- Yes, I would like to underwrite the Angels of Hope Luncheon.
 I cannot attend but please accept my financial contribution
to Child Advocates in the amount of \$ _____.

Please list my name in the invitation and all printed materials as follows:

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ E-mail _____

Sponsorship Opportunities

Tables of Ten

- \$20,000 Angels of Hope \$15,000 Angels of Kindness
 \$10,000 Angels of Compassion \$5,000 Angels of Innocence
 \$3,000 Angels of Purity

Individual Tickets

- \$1,500 _____ tickets \$1,000 _____ tickets
 \$500 _____ tickets \$300 _____ tickets

Donors putting a table together should indicate a level of sponsorship and a contact person. All attendees will be invoiced prior to the event.

Enclosed is my check for \$ _____ payable to Child Advocates, Inc.

Please charge \$ _____ to my credit card: AMEX / MasterCard / Visa

Card #: _____ Exp. _____ CVS #: _____

Please return this response form in the enclosed envelope or
fax to 713-529-1390 by **October 1, 2014**.

For further information call (713) 529-1396 ext. 234
or email marla.endieveri@childadvocates.org.

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