

Journey of Hope 2019

I/We will attend the Journey of Hope Cocktail Reception.

Ticket Price: \$100 per adult \$30 for students (25 or younger)
Adult _____ # Student _____ TOTAL \$ _____

I/We would like to be a SPONSOR for the event.

\$10,000 - COMPASSION (receives full page ad, 4 event tickets)

\$5,000 - HUMILITY (receives half page ad, 2 event tickets)

\$2,500 - JOY (receives quarter page ad; 2 event tickets)

\$1,000 - HOSPITALITY (receives 2 event tickets)

I/We will not be able to attend the event, but would like to offer a gift of: \$500 \$250 \$100 \$50

Other \$ _____

Name

Street Address

City, State, Zip Code

Phone Number

Email Address

Checks are payable to: *Handmaids of the Sacred Heart of Jesus, USA Province*
MAIL TO: Development Office 616 Coopertown Road Haverford, PA 19041

On-line tickets may be purchased at:

Please RSVP by 4/1/19