Alumnae Luncheon 2017 Reply Card

Please fill out the form below and mail to SJHS along with your payment by **MARCH 3, 2017**.
Checks should be payable to **ST. JOSEPH HIGH SCHOOL**.

☐ **Yes, I Will Attend** ☐ **No, I Regretfully Decline**

First Name _____ **Maiden Name** _____ **Last Name** _____

Year of Graduation _____ **Phone Number** _____ **Email Address** _____

Tickets or Sponsorship | **# of Tickets** ($50 each): _____ | **Sponsorship Level** (circle one, if interested):

GOLD Sponsorship ($1,000) **SILVER Sponsorship ($500)** **BRONZE Sponsorship ($250)**

 # Raffle Tickets (circle one): **$10 For 1 Ticket** **$25 For 3 Tickets** **$50 For 6 Tickets** **$75 For 10 Tickets** **$90 For 12 Tickets**

You will have an opportunity to purchase additional tickets at the Luncheon.

Donation, for those who are unable to attend but wish to contribute

Donation Amount: $ _____

Total Payment Enclosed With Reply Card: $ _____

SJHS DEVELOPMENT OFFICE | 718.624.3618 Ext. 18 | **MTirado@SJHSbridge.org** | 80 Willoughby Street, Brooklyn, NY