

33rd Annual Celebration for Life Banquet

Life Wins – A Special Post Roe v Wade Celebration

Corpus Christi Hope House and the Gabriel Project
7:00 PM Tuesday, October 4th, 2022
Mansion Royal, 8001 South Padre Island Drive, Corpus Christi

Please complete the form below for tickets and program advertisements. Make checks payable to Corpus Christi Hope House. Return the completed form along with your most generous contribution in the enclosed envelope or call Hope House at (361) 852-2273 for reservations and additional information.

Ticket Order Form

- ___ Platinum Benefactor. \$25,000 for a reserved table for 10 and two free full-page color advertisements
- ___ Golden Benefactor. \$10,000 for a reserved table for 10 and a free full-page color advertisement
- ___ Silver Benefactor. \$5,000 for a reserved table for 10 and a free half-page color advertisement
- ___ Sponsor. \$1,000 for a reserved table for 10 and a free quarter-page color advertisement
- ___ Supporter. \$100 for each reserved seat at a table of 10 (indicate number of tickets)
- ___ General Admission: \$60 for each seat (indicate number of tickets)
- ___ Senior Citizens, Clergy and Students. \$50 for each seat (indicate number of tickets)
- ___ I cannot attend the event, but enclosed is my special contribution to the Celebration for Life

Program Advertisement Form

The purchase of a program advertisement does not include tickets for the banquet unless you purchase a table as a Benefactor or Sponsor and receive the complementary advertisement on the above ticket order form.

- ___ Full Page Color \$1,000 ___ Half Page Color \$500 ___ Quarter Page Color \$250
- ___ Business Card Color \$150 ___ Will email file ___ Enclosed Special Intention

You may email your PDF, GIF, or JPEG advertisement file to m.baker@cchopehouse.org or include your typed special intention, advertisement or business card with your contribution and this form. Call Melinda at (361) 765-7725 for more information. The deadline for advertisements is September 18th. Thank You!!!

Total Enclosed _____ Check Number _____ Check Date _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Email _____