

Yes, I/we will support St. Matthew's 175th Anniversary Celebration by serving as a:

175 <sup>th</sup>	Å
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# **Anniversary Host**

\$10,000 contribution – You will receive recognition in the Gala and Anniversary Concert programs, a table for ten at the Gala, special recognition at the Gala, and ten tickets for the November 1 Reception. This contribution has a tax-deductible value of \$8,050.

## **Benefactor**

\$5,000 contribution – You will receive recognition in the Gala and Anniversary Concert programs, four seats at the Gala, special recognition at the Gala, and eight tickets for the November 1 Reception. This contribution has a tax-deductible value of \$4,140.

## **Patron**

\$2,500 contribution – You will receive recognition in the Gala and Anniversary Concert programs, two seats at the Gala, special recognition at the Gala, and eight tickets for the November 1 Reception. This contribution has a tax-deductible value of \$1,990.

#### Sustainer

\$1,000 contribution – You will receive recognition in the Gala and Anniversary Concert programs, and six tickets for the November 1 **Reception**. This contribution has a tax-deductible value of \$880.

#### Sponsor

\$500 contribution – You will receive recognition in the Gala and Anniversary Concert programs, and four tickets for the November 1 **Reception**. This contribution has a tax-deductible value of \$420.

# Friend

\$250 contribution – You will receive recognition in the Gala and Anniversary Concert programs, and two tickets for the November 1 **Reception**. This contribution has a tax-deductible value of \$210.

## **Good Neighbor**

I am unable to contribute at the levels described above, but I would like to make a contribution of \$\_\_\_\_\_ to assist in the 175<sup>th</sup> Anniversary Celebration.

(*Please complete all information on the reverse.*) (In the near future there will be an opportunity to buy additional tickets for the Gala and the November 1 Reception.)

# St. Matthew's 175<sup>th</sup> Parish Anniversary Donor Reply Form

Please complete this entire form so that we can be sure to have the correct information. Thank you!

Name(s):			
Address:			
City:	State:	Zip:	
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If you have any que Pam Erwin or D	estions, please feel an Evans at 202-34		
Thank you,	and God bless	s you!	