



THE PLEASURE OF YOUR COMPANY IS REQUESTED AT

*The Winter Chill
Auction Gala*

BENEFITTING CORPUS CHRISTI CATHOLIC SCHOOL

SATURDAY, THE THIRD OF FEBRUARY
TWO THOUSAND EIGHTEEN

CORPUS CHRISTI CATHOLIC SCHOOL
4005 CHEENA
HOUSTON TEXAS 77025



MASS
CORPUS CHRISTI CATHOLIC CHURCH
5:00 PM

COCKTAILS, HORS D'OEUVRES, SILENT & BIG BOARD AUCTION
COLT DOME
6:00 PM

DINNER & LIVE AUCTION
PREFONTAINE HALL
8:30 PM

DRESSY COCKTAIL

RSVP BY JANUARY 24TH



The Winter Chill Auction Gala

Individual and Table Opportunities

- () \$1200 ST. PETER JULIAN EYMARD CIRCLE
-Premier seating for 8 -Full page Ad in Auction Program
-Drink tickets for 8 -2 reserved event night parking spaces
- () \$800 BLESSED SACRAMENT GUILD
-Priority seating for 8 -Half page Ad in Auction Program
-1 reserved event night parking space
- () \$500 CORPUS CHRISTI FELLOWSHIP
-Preferred seating for 4 -Quarter page Ad in Auction Program
- () \$200 COLT SPIRIT
-Auction tickets for 2 and sponsorship of a teacher
- () \$65 INDIVIDUAL TICKET ____tickets x \$65 = _____

Underwriting Opportunities

Your support will enhance school programs to further advance the quality of education that Corpus Christi Catholic School offers.

- () I/WE would like to make a donation to contribute to the success of the auction \$ _____
(any amount appreciated)

YOUR NAME PROMINENTLY DISPLAYED IN AN AREA OF YOUR CHOICE:

- () \$250 Big Board () \$250 Check-In Table () \$250 Check-Out Table

Auction Program Advertising

- () \$50 Business Card (*black & white*)
() \$50 CCCS Family Quarter Page (*black & white*)
() \$75 Quarter Page (*black & white*)
() \$125 Half Page (*black & white*)
() \$175 Full Page (*black & white*)
() \$300 Back Cover (*color*)
() \$200 Inside Front Cover (*color*)
() \$200 Inside Back Cover (*color*)

KINDLY RESPOND WITH YOUR INFORMATION ON THE BACK OF THIS PAGE

RSVP

Please respond by Wednesday, January 24, 2018

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail: _____

TOTAL DUE: \$ _____

Type of Payment: ___ Check (payable to Corpus Christi Catholic School)
 ___ AmEx ___ Visa ___ MC

Name on Card: _____ Card# _____ CCV _____

Authorized Signature: _____ Exp. Date: _____

THANK YOU FOR YOUR GENEROUS SUPPORT!

Please mail, email or fax your completed form to:
Corpus Christi Catholic School, 4005 Cheena, Houston, Texas 77025
Office 713-664-3351 Fax: 713-664-6095 smiller@corpuschristihouston.org
Corpus Christi Catholic School is a 501(c)(3) organization



GUEST NAMES

All guests must be 21 and older

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____