

Parent Hours Program

Contribute an Item for the
Silent Auction

Development Hours

10 hours at \$20 an hour

Buy-out \$200

Bingo Buy-out \$120

Regular hours

20 hours at \$10 an hour

Buy-out \$200

Buy-out ALL hours \$520

**before May 10
after May 10 buy-out
increases to \$880**

To be an EVENT sponsor, purchase
tickets and/or for more info contact the
Development Office at
(626) 498-0398

BISHOP AMAT MEMORIAL HIGH SCHOOL

DEVELOPMENT HOURS FORM

_____ Dinner Theater

PARENT/BUSINESS INFORMATION

DATE: _____

Company Name _____

Name _____ SID # _____

Address _____ City _____ Zip Code _____

Email address (*please print*) _____

Home/Business Telephone () _____ Cell () _____

OFFICE USE ONLY

HOURS – DEADLINE MAY 10, 2019

VALUE OF ITEM \$

Receipt must be attached

 5 Development (Item Value \$100)

OPENING BID _____

 10 Development (Item Value \$200)

INCREMENTS _____

 20 Regular Hours (Item Value \$200)

\$ _____ Gift-In-Kind / Tax Deduction

AUCTION ITEM

BROUGHT IN BY COMMITTEE MEMBER _____

ITEM DESCRIPTION _____

Item
No.

AUCTION SUGGESTIONS: Vacation Condos ♦ Weekend Getaways ♦ Electronics ♦ Art ♦ Memorabilia ♦ Tickets to Sporting Events
♦ Theme Park Passes ♦ Restaurant Gift Cards ♦ Fine Furniture ♦ Patio Furniture ♦ Jewelry ♦ Kitchen Items for Baskets

TABLE SPONSORS *Reserved seating by Table Only*

Reserve a table in my/our/company name:

\$10,000 Table of 8 – Full Page Ad in the Playbill

\$5,000 Table of 8 – Full Page Ad in the Playbill

\$3,500 Table of 8 – Half Page Ad in the Playbill

\$2,000 Table of 8 – Recognition in the Playbill

Individual Tickets - \$125 per person # OF TICKETS _____

Guests names: _____

Event Program Ad \$500 FULL PAGE 5.25" x 8.5" \$300 HALF PAGE 5.5" x 4.25" \$125 QTR PAGE 2.75" x 4.25"

Please send all ads to Dadamek@bishopamat.org by MAY 8, 2019, in either jpeg or pdf format. 962-2495 ext 7456

Enclosed is my check for \$ _____ Please charge my Visa Master Card \$ _____

PAYABLE TO BISHOP AMAT HIGH SCHOOL

CHARGE AMOUNT

Card # _____ Valid Thru ____ / ____ Print Name _____

AS IT APPEARS ON CREDIT CARD

BILLING ADDRESS OF CARD HOLDER _____

Cardholder's Signature _____ Best Telephone () _____