

# FASHION WITH FLAIR

## FASHION SHOW DINNER

Thursday, April 6, 2023 • CHATEAU RITZ, Niles, IL

### PROGRAM BOOK SPONSORSHIP FORM

I WILL SUPPORT THE CENTRE BY BEING A SPONSOR:

- Orchid Sponsor - \$5,000 (*Includes 1 table of ten*)
- Rose Sponsor - \$2,500 (*Includes 5 tickets*)
- Gardenia Sponsor - \$1,000 (*Includes 2 tickets*)
- Lily            \$500             Tulip            \$100
- Jasmine       \$300             Dafadil       \$\_\_\_\_ (other)

### TICKET RESERVATIONS

**RESERVATIONS ARE CONFIRMED ONLY WITH PAYMENT:**

Please reserve \_\_\_\_\_ seats at \$100.00 *per person by March 30th (table of ten)*

Please reserve \_\_\_\_\_ seats at \$125.00 *per person after March 30th (table of ten)*

*Meal Selection: Shrimp or Chicken*

*\*Must be submitted with reservations, please see back of this card*

**PLEASE SUBMIT CHECKS & FORMS BY MARCH 30, 2023**

**PLEASE PRINT YOUR NAME AS YOU WISH TO APPEAR IN THE LISTING OF THE PROGRAM BOOK**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_ Enclosed is my check payable to: **Greek American Health Services Foundation**

\_\_\_\_ Please charge my credit card: \_\_ Visa \_\_ MasterCard \_\_ American Express \_\_ Discover

CARD NUMBER

CCY CODE

EXPIRATION DATE

CARDHOLDER NAME

SIGNATURE

- No, I am unable to attend the Fashion Show Dinner but wish to make a contribution payable to: *Greek American Health Services Foundation***

**Total amount enclosed: \$ \_\_\_\_\_**

# RESERVATIONS

PLEASE LIST EACH ATTENDEE'S NAME  
AND MEAL CHOICE

	Shrimp	or Chicken
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE INFORM US OF ANY DIETARY RESTRICTIONS

PLEASE RESPOND BY: MARCH 30, 2023  
IN THE ENCLOSED ENVELOPE

FOR MORE INFORMATION  
PLEASE CALL 224-434-0509  
OR VISIT US: [WWW.GREEKAMERICANCARE.ORG](http://WWW.GREEKAMERICANCARE.ORG)