



# ST. PAUL'S MONASTERY

## 2017 PRIORESS DINNER

### SPONSORSHIP AND ADVERTISING FORM

May 4, 2017

Lake Elmo Inn  
Event Center

#### SPONSORSHIP OPPORTUNITIES

<input type="checkbox"/> <b>PLATINUM LEVEL: \$5,000</b> (see reverse)	<input type="checkbox"/> <b>GOLD LEVEL: \$2,500</b> (see reverse)
<ul style="list-style-type: none"><li>Organization name in foyer slide show</li><li>8 Prioress Dinner tickets (\$520 value)</li></ul>	<ul style="list-style-type: none"><li>Organization name in foyer slide show</li><li>6 Prioress Dinner tickets (\$390 value)</li></ul>
<input type="checkbox"/> <b>SILVER LEVEL: \$1,000</b> (see reverse)	<input type="checkbox"/> <b>BRONZE LEVEL: \$500</b>
<ul style="list-style-type: none"><li>Organization name in foyer slide show</li><li>2 Prioress Dinner tickets (\$130 value)</li></ul>	<ul style="list-style-type: none"><li>Organization name in foyer slide show</li></ul>

Please attach a business card or fill out (please print) the following information:

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

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

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

My sponsorship is in memory/honor of:

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#### PAYMENT METHOD

Mail or drop off your check payable to *St. Paul's Monastery* OR  
 Credit card: Complete the information below and mail your payment or call Annette (see page 2) with your credit card information

Name on Card (please print) \_\_\_\_\_

Card billing address \_\_\_\_\_

Signature \_\_\_\_\_ Code \_\_\_\_\_

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

To be advertised at the Prioress Dinner, your payment must be received by **April 18, 2017**

(over)

## PRIORESS DINNER SPONSOR REGISTRATION

**PLATINUM-LEVEL SPONSORS** receive 8 complimentary tickets

**GOLD-LEVEL SPONSORS** receive 6 complimentary tickets

**SILVER-LEVEL SPONSORS** receive 2 complimentary tickets

Please print your and each guest's name and entrée option number below:<sup>\*</sup>

**1** = Prime Rib (gluten free)

**2** = Limóncello Chicken with Macadamia Nuts (gluten free)

**3** = Butternut Squash Ravioli (vegetarian)

Entrée  
Option#

Your Name \_\_\_\_\_

Guest 1 \_\_\_\_\_

Guest 2 \_\_\_\_\_

Guest 3 \_\_\_\_\_

Guest 4 \_\_\_\_\_

Guest 5 \_\_\_\_\_

Guest 6 \_\_\_\_\_

Guest 7 \_\_\_\_\_

**\*If any, please list dietary needs or restrictions below or call 651-777-6850 by April 18.**

For assistance contact Annette at

651-777-6850 or

[awalker@stpaulsmonastery.org](mailto:awalker@stpaulsmonastery.org)

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<http://tinyurl.com/TBD>