

____ \$60 Individual Ticket ____ \$600 Table of Ten

____ I cannot attend. Please accept my gift for Catholic
education \$ _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell Phone for mobile bidding: _____

Additional attendees & seating requests:

If paying with credit card

Credit Card Number: _____

Name on Card: _____

Exp. Date: _____ 3 Digit Code: _____ Zip Code: _____

Please return reservation with payment by April 5th to:

SCCS Auction
410 West Jefferson Street
Sandusky, Ohio 44870