



**Sip Savor Smoke
Ticket/Table Purchase Form
Pledge/Donation Form**

Donor Information (please print or type)

Name			
Company			
Street Address			
City, State, Zip			
Email		Phone #	

Signature of Donor(s): _____ Date: _____

Ticket/Table Purchase (on sale beginning Monday, March 4, 2019)

Please list the names of the guests attending on the back of this form.

Ticket Purchase _____ # tickets: _____ x \$200 per ticket Total ticket \$ _____
 Table Purchase _____ # tables: _____ x \$2,000 per table Total table \$ _____
 (table of 10)

Pledge/Donation Information

I/We pledge a total of \$ _____ to be paid:
 now _____ monthly _____ quarterly _____ yearly _____

Payment Information

I/We would like to pay by:

Check # _____ Credit card (enter info below) _____ ACH _____ Stock _____

Check should be made payable to: CASA of the Tenth Judicial Circuit

Name on credit card				
Credit Card Number				
Expiration Date		CVC Code		Billing Zip Code
Authorized Signature				

Gift will be matched by _____ (company/family/foundation).

Form enclosed _____ Form will be forwarded _____

I/We wish to have our gift remain anonymous. _____

Please return completed form to:
CASA of the Tenth Judicial Circuit
 324 Main St, Room 215
 Peoria IL 61602
 Phone: 309-669-2939 Fax: 309-672-6957
casa@peoriacounty.org
www.CASAOfttheTenth.org

**Sip Savor Smoke
Guest List**

	NAME	EMAIL
Guest #1		
Guest #2		
Guest #3		
Guest #4		
Guest #5		
Guest #6		
Guest #7		
Guest #8		
Guest #9		
Guest #10		

	NAME	EMAIL
Guest #1		
Guest #2		
Guest #3		
Guest #4		
Guest #5		
Guest #6		
Guest #7		
Guest #8		
Guest #9		
Guest #10		