



THE 12TH ANNUAL  
**Spring Benefit**

IF YOU BELIEVE IN ME...I'LL BELIEVE IN ME!

Friday, March 24, 2017

- Please reserve \_\_\_\_ seats at \$225 per person/\$200 by March 4 \$ \_\_\_\_\_
- Please reserve \_\_\_\_ junior seats (children's meal; under 15) at \$100 per person \$ \_\_\_\_\_
- Table Sponsor: \_\_\_\_ table for 10, with program acknowledgment. \$3000 per table \$ \_\_\_\_\_
- I wish to sponsor a Priest, Principal, or Teacher \$ \_\_\_\_\_
- Basket Raffle Tickets:  100 for \$200  30 for \$100 # \_\_\_\_ tickets at \$5 each \$ \_\_\_\_\_
- I cannot attend, but I wish to make a contribution to CCSE \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

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

Street: \_\_\_\_\_

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

Phone: \_\_\_\_\_ email: \_\_\_\_\_

AE/Visa/MC #: \_\_\_\_\_ Verification Code:(3-digit) \_\_\_\_\_ Expiration(mm/yy): \_\_\_\_\_

- Please register this credit card for Express Check-Out at the Benefit

Please make checks payable to CCSE, Inc. Return to 10400 Connecticut Avenue, Suite 603 | Kensington, MD 20895.

No tickets will be issued; list guest information on the reverse of this card. Reservations must be made in advance.

## Guest Information (All names required for security purposes.)

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

Street: \_\_\_\_\_

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

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

Street: \_\_\_\_\_

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

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

Street: \_\_\_\_\_

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

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

Street: \_\_\_\_\_

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

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

Street: \_\_\_\_\_

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

Questions? Contact CCSE at 301-933-8844 x 102 or [development@ccse-maryland.org](mailto:development@ccse-maryland.org)

All ticket cost over \$170 is tax deductible.