

If You Believe in Me...I'll Believe in Me Spring Benefit 2010

- Yes, I wish to attend the CCSE Spring Benefit on Saturday, March 20.
- Please make _____ reservation(s) in my name at \$150 per person. \$ _____
- Please make _____ Child/Student reservation(s) in my name at \$50 per person. \$ _____
- Individual/Family Sponsorship Table of 8 with Program/Event acknowledgment \$1500. \$ _____
- Yes, I wish to sponsor a Pastor, Parish Priest, Principal or Teacher. \$ _____
- No, I cannot attend, but I wish to make a donation to CCSE, Inc. to support students with developmental disabilities and the Catholic schools which serve them. \$ _____

Total \$ _____

Name _____

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

Visa/Mastercard number: _____ Verification No.* _____ Expiration (mm/yy) _____

Amount \$ _____

*(three digit code on back of card).

Please make checks payable to CCSE, Inc.. Mail to PO Box 673, Kensington, Md. 20895.

No tickets will be issued. Please list your guests' names and addresses on the reverse side. Valet parking available.

R.S.V.P. March 6th. Questions? Call Carin Collins (202) 255-1174 or development@ccse-maryland.org.

Contributions are tax deductible according to applicable federal laws.

Online Registration Available at www.ccse-maryland.org.

Guests' Names and Addresses:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

