



Mail replies to:
Commodore John Barry Award Dinner
c/o Michael and Susan Finnegan
1 Hilltop Road
Kennett Square, Pennsylvania 19348

M _____

Address _____

Phone _____ *Email* _____

____ *Will be pleased to attend. Enclosed is my check for _____ reservations at \$175 per person.*

____ *I am sorry. I am unable to attend. Please accept my contribution of \$_____*

*Please make checks payable to: **American Catholic Historical Society***

R.S.V.P. by November 8, 2023

Please list all guests on the back of this card. You may also indicate with whom you wish to be seated. For questions about reservations, please contact Michael Finnegan at 302-521-0574 or email: finnegan@labware.com

Program Book Sponsorships

- ___ Barry Associate (\$5,000) - Table of ten, inside program cover, your organization's logo displayed at table
- ___ Commodore Associate (\$3,500) - Six tickets, full page ad, your organization's logo displayed at table
- ___ Platinum Associate (\$3,000) - Six tickets, half page ad, your organization's logo displayed at table
- ___ Back cover of program (\$3,000)
- ___ Inside back cover of program (\$2,000)
- ___ Platinum sponsor (\$1,200) – Full page ad 7.5” h x 5” w
- ___ Gold sponsor (\$600) – Half page ad 3.5” h x 5” w
- ___ Silver sponsor (\$300) – Quarter page ad 1.75” h x 4.75” w
- ___ Bronze sponsor (\$150) – Listing up to 3 lines
- ___ Business patron (\$125) – Listing 1 line

Individual Listing

- ___ Platinum listing (\$500) - 1 line
- ___ Gold listing (\$300) - 1 line
- ___ Silver listing (\$150) - 1 line
- ___ Bronze listing (\$100) - 1 line
- ___ Individual listing (\$75) - 1 line

My listing should read (please print or attach additional information):

Ad art or business card must be submitted by November 3, 2023

Ad art should be provided in black & white or grayscale in PDF format.

Email art to: americancatholicistsoc@gmail.com

For questions about program book ads, please contact Michael Finnegan at 302-521-0574.

Table Guests

Credit Card Payment

Cardholder Information

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Zip Code: _____

Country: _____ Phone: _____

Email: _____

Credit Card Information

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____ Security Code: _____

Cardholder Signature: _____ Date: _____