# THE CRYSTAL CHARITY BALL FASHION SHOW

# DOLCE & GABBANA | THURSDAY, SEPTEMBER 8, 2022

COMPLETE PAYMENT MUST BE INCLUDED WITH THIS CONTRACT & RESERVATION FORM TO CONFIRM & HOLD RESERVATION

Miss/Ms. Mrs./Dr	Spouse Mr./Dr	
Address	_ City/State	e Zip
Phone	E-mail	
□ I wish to be listed in the program as		□ I do not wish to be listed in the program □ Decline all benefits
PLEASE INDICATE YOUR 1 <sup>ST</sup> AND 2 <sup>ND</sup> SEATING CH		10:30 a.m. Brunch 5:00 p.m. Aperitivo

Every effort will be made to accommodate your request. A confirmation of your seating time will be mailed.

PLATINUM PREMIUM TABLE

#### \$25,000

\$20,000

□ I would like to purchase a \$25,000 table, which includes:

- Highest Priority Seating for ten at Fashion Show
- Platinum Circle Dinner invitations for five couples\* Choose one: □ Accept or □ Decline Platinum Circle Dinner
- Platinum Circle Patron Party invitations for five couples\*
- Most Prominent Program Recognition

### PLATINUM CIRCLE TABLE

□ I would like to purchase a \$20,000 table, which includes:

- Priority Seating for ten at Fashion Show
- Platinum Circle Dinner invitations for three couples\* Choose one: □ Accept or □ Decline Platinum Circle Dinner
- Platinum Circle Patron Party invitations for three couples\*
- Prominent Program Recognition

## PLATINUM TABLE

□ I would like to purchase a \$10,000 table, which includes:

- Seating for ten at Fashion Show
- Platinum Circle Dinner invitation for one couple\*
- Platinum Circle Patron Party invitation for one couple\*
- Program Recognition

### \$10,000

□ I would like to purchase a \$1,000 ticket, which includes:

Priority Seating for one at Fashion Show

PLATINUM PREMIUM TICKET

• Prominent Program Recognition

PLATINUM CIRCLE TICKET

□ I would like to purchase a \$2,500 ticket, which includes:

Individual Priority Seating for one at Fashion Show
Platinum Circle Dinner invitation for one couple\*

• Platinum Circle Patron Party invitation for one couple\*

□ I would like to purchase a \$2,000 ticket, which includes:

• Platinum Circle Patron Party invitation for one couple\*

- Platinum Circle Patron Party invitation for one couple\*
- Program Recognition

PLATINUM TICKET

• Program Recognition

Platinum Ticket seating is limited

\_\_\_ Number of Tickets

\$2,500

Number of Tickets

Number of Tickets

\$1,000

\$2,000

PLEASE PROVIDE ATTENDEES NAMES AND ADDRESSES ON REVERSE SIDE \*INVITATIONS TO PARTIES ARE NOT TRANSFERABLE

METHOD OF PAYMENT							
$\Box$ I am unable to attend but would like to make a donation in the amount of	of \$ in honor of						
□ Enclosed is my check in the amount of \$	Please make checks payable to: The Crystal Charity Ball						
□ Charge my □ MasterCard or □ Visa Account #	In the amount of \$						
Name on Account Exp. Date	e Signature						

Mail to: Lisa Rocchio, Fashion Show Reservations Chairman

The Crystal Charity Ball, 3838 Oak Lawn Avenue, Suite L150, Dallas, Texas 75219

Phone: 214.526.5868 Ext. 25 Information E-mail: reservations@crystalcharityball.org The non-deductible portion of each ticket is \$50.00

SEATING AT ALL LEVELS IS LIMITED

# FASHION SHOW ATTENDEE LIST / INVITATION LIST

#### PLEASE FILL OUT THE FORM INCLUDING PAYMENT INFORMATION TO ENSURE THAT YOUR GUESTS RECEIVE INVITATIONS.

1	Ms./Mrs. ATTENDEE Dr./Mr	Ms./Mrs. SPOLISE Dr./Mr		
1	Address	-		
	Check to The Crystal Charity Ball enclosed	r		
	□ Charge my □ MC or □ Visa Account #			
2	Ms./Mrs. ATTENDEE Dr./Mr.	Ms./Mrs. SPOUSE Dr./Mr		
-	Address			
	Check to The Crystal Charity Ball enclosed			
	□ Charge my □ MC or □ Visa Account #	 Amount \$	Exp. Date	
	Ms./Mrs.	Ms./Mrs.		
3	ATTENDEE Dr./Mr	SPOUSE Dr./Mr		
	Address			
	□ Check to The Crystal Charity Ball enclosed			
	□ Charge my □ MC or □ Visa Account #	Amount \$	Exp. Date	
	Ms./Mrs. ATTENDEE Dr./Mr.	Ms./Mrs. SPOUSE Dr./Mr.		
	Address			
	□ Check to The Crystal Charity Ball enclosed			
	□ Charge my □ MC or □ Visa Account #			
_	ATTENDER Ms./Mrs.	Ms./Mrs.		
Э	ATTENDEE Dr./Mr Address			
	Check to The Crystal Charity Ball enclosed	Zip		
	□ Charge my □ MC or □ Visa Account #			
		/ mooni	Exp. Date	
6	Ms./Mrs. ATTENDEE Dr./Mr	Ms./Mrs. SPOUSE Dr /Mr		
	Address			
	Check to The Crystal Charity Ball enclosed			
	□ Charge my □ MC or □ Visa Account #	Amount \$	Exp. Date	
_	ATTENDER Ms./Mrs.	Ms./Mrs.		
1	ATTENDEE Dr./Mr.			
	Address Check to The Crystal Charity Ball enclosed	Zip	Phone	
	□ Charge my □ MC or □ Visa Account #		Exp. Date	
8	Ms./Mrs. ATTENDEE Dr./Mr.	-		
	Address			
	□ Check to The Crystal Charity Ball enclosed			
	□ Charge my □ MC or □ Visa Account #	Amount \$	Exp. Date	
9	Ms./Mrs. ATTENDEE Dr./Mr.	 Ms./Mrs. SPOUSE Dr./Mr.		
	Address			
	Check to The Crystal Charity Ball enclosed			
	□ Charge my □ MC or □ Visa Account #	Amount \$	Exp. Date	
	Ms./Mrs.	Ms./Mrs.		
10	ATTENDEE Dr./Mr	-	Phone	
	Address Check to The Crystal Charity Ball enclosed			
	□ Charge my □ MC or □ Visa Account #	Amount \$		
		Απουπιφ	Lxp. Dule	

Please return this list with your Reservation form to: The Crystal Charity Ball, 3838 Oak Lawn Avenue, Suite L150, Dallas, Texas 75219 For questions, please call 214.526.5868 Ext. 25 or E-mail reservations@crystalcharityball.org