THE CRYSTAL CHARITY BALL FASHION SHOW

BRUNELLO CUCINELLI | THURSDAY, SEPTEMBER 11, 2025

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

Miss/Ms. Mrs./Dr	Spouse Mr./Dr			
Address	_ City/State 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			
DIAMOND TABLE \$50,000	DIAMOND TICKET \$5,000			
 I would like to purchase a \$50,000 table, which includes: Highest Priority Seating for ten at Fashion Show Patron Dinner invitations for five couples* Patron Cocktail Party invitations for five couples* Private transportation to and from the Fashion Show from one location OR VIP parking for you and your guests at the Fashion Show and Patron Dinner Most Prominent Program Recognition 	 I would like to purchase a \$5,000 ticket, which includes: Highest Priority Seating for one at Fashion Show Patron Dinner invitation for one couple* Patron Cocktail Party invitation for one couple* Prominent Program Recognition 			
PLATINUM TABLE \$25,000	PLATINUM TICKET \$2,500			
 I would like to purchase a \$25,000 table, which includes: Priority Seating for ten at Fashion Show Patron Dinner invitations for five couples* Patron Cocktail Party invitations for five couples* Prominent Program Recognition 	 I would like to purchase a \$2,500 ticket, which includes: Priority Seating for one at Fashion Show Patron Cocktail Party invitation for one couple* Program Recognition Individual Platinum Ticket seating is limited			
GOLD TABLE \$15,000	GOLD TICKET \$1,500			
 I would like to purchase a \$15,000 table, which includes: Seating for ten at Fashion Show Patron Dinner invitation for one couple* Patron Cocktail Party invitation for one couple* Prominent Program Recognition 	 I would like to purchase a \$1,500 ticket, which includes: Seating for one at Fashion Show Patron Cocktail Party invitation for one couple* Program Recognition Individual Gold Ticket seating is limited Number of Tickets 			

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

METHOD OF PAYMENT								
🗆 I am unable to attend but would like to make a donation in the amount of \$ in honor of								
Enclosed is my check in the amount of \$	_ Please make checks payable to: The Crystal Charity Ball							
Charge my credit card Account #	In the amount of \$							
Name on Account Exp. Date	CVV Signature							

Mail to: Ashley Allen, Fashion Show Reservations Chairman

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

Phone: 214.526.5868 Information E-mail: cethel@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.		
1	Address				Phone	
	Check to The Crystal Charity Ball enclosed					
	□ Charge my □ MC or □ Visa Account #					
_	Ms./Mrs.			Ms./Mrs.		
2	ATTENDEE Dr./Mr.					
	Address					
	Check to The Crystal Charity Ball enclosed			A		C) 4/
	□ Charge my □ MC or □ Visa Account #			_ Amount \$	Exp. Date	CVV
3	Ms./Mrs. ATTENDEE Dr./Mr		SPOUSE	Ms./Mrs. Dr /Mr		
	Address				Phone	
		E-mail				
	□ Charge my □ MC or □ Visa Account #					CVV
	Ms./Mrs.			Ms./Mrs.		
4	ATTENDEE Dr./Mr.			Dr./Mr		
	Address					
	Check to The Crystal Charity Ball enclosed					
	□ Charge my □ MC or □ Visa Account #			_ Amount \$	Exp. Date	CVV
5	Ms./Mrs. ATTENDEE Dr./Mr.			Ms./Mrs.		
0					Phone	
	Check to The Crystal Charity Ball enclosed				Hone	
	□ Charge my □ MC or □ Visa Account #					
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6	Ms./Mrs. ATTENDEE Dr./Mr.		SPOUSE	Ms./Mrs. Dr./Mr.		
	Address				Phone	
	Check to The Crystal Charity Ball enclosed	E-mail				
	□ Charge my □ MC or □ Visa Account #			Amount \$	Exp. Date	CVV
_	Ms./Mrs.			Ms./Mrs.		
/	ATTENDEE Dr./Mr.			Dr./Mr		
	Address			Zip	Phone	
	Check to The Crystal Charity Ball enclosed				E . D.L	C)///
	□ Charge my □ MC or □ Visa Account #			_ Amount ֆ	Exp. Date	Cvv
8	ATTENDEE Dr./Mrs.		SPOUSE	Ms./Mrs. Dr./Mr.		
	Address					
	Check to The Crystal Charity Ball enclosed					
	□ Charge my □ MC or □ Visa Account #			_ Amount \$	Exp. Date	CVV
	Ms./Mrs. ATTENDEE Dr./Mr		SPOUSE	Ms./Mrs.		
7	Address				Phone	
	Check to The Crystal Charity Ball enclosed					
	□ Charge my □ MC or □ Visa Account #			Amount \$	Exp. Date	CVV
	Ms./Mrs.			Ms./Mrs.		
10	ATTENDEE Dr./Mr.			Dr./Mr		
	Address				Phone	
	□ Check to The Crystal Charity Ball enclosed					
	□ Charge my □ MC or □ Visa Account #			_ Amount \$	Exp. Date	CVV

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 or E-mail cethel@crystalcharityball.org