

Name on Account \_

## THE CRYSTAL CHARITY BALL FASHION SHOW



THURSDAY, SEPTEMBER 12, 2024

Miss/Ms. Mrs./Dr	Spouse _ Mr./Dr				
Address					
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				
<ul> <li>□ I would like to purchase a \$50,000 table, which includes:</li> <li>• Highest Priority Seating for ten at Fashion Show</li> <li>• Patron Dinner invitations for five couples*</li> <li>• Patron Cocktail Party invitations for five couples*</li> <li>• 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</li> <li>• Most Prominent Program Recognition</li> </ul>	<ul> <li>□ I would like to purchase a \$5,000 ticket, which includes:</li> <li>• Highest Priority Seating for one at Fashion Show</li> <li>• Patron Dinner invitation for one couple*</li> <li>• Patron Cocktail Party invitation for one couple*</li> <li>• Prominent Program Recognition</li> </ul> Number of Tickets				
PLATINUM TABLE \$25,000	PLATINUM TICKET \$2,500				
<ul> <li>□ I would like to purchase a \$25,000 table, which includes:</li> <li>• Priority Seating for ten at Fashion Show</li> <li>• Patron Dinner invitations for five couples*</li> <li>• Patron Cocktail Party invitations for five couples*</li> <li>• Prominent Program Recognition</li> </ul>	<ul> <li>□ I would like to purchase a \$2,500 ticket, which includes:</li> <li>• Priority Seating for one at Fashion Show</li> <li>• Patron Dinner invitation for one couple*</li> <li>• Patron Cocktail Party invitation for one couple*</li> <li>• Program Recognition</li> </ul>				
	Platinum Ticket seating is limited Number of Tickets				
GOLD TABLE \$10,000	GOLD TICKET \$1,000				
<ul> <li>□ I would like to purchase a \$10,000 table, which includes:</li> <li>• Seating for ten at Fashion Show</li> <li>• Patron Dinner invitation for one couple*</li> <li>• Patron Cocktail Party invitation for one couple*</li> </ul>	<ul> <li>□ I would like to purchase a \$1,000 ticket, which includes:</li> <li>• Seating for one at Fashion Show</li> <li>• Patron Cocktail Party invitation for one couple*</li> <li>• Program Recognition</li> </ul>				
Prominent Program Recognition	Gold Ticket seating is limited Number of Tickets				
PLEASE PROVIDE ATTENDEES NAMES AND ADDRESSES ON RE	VERSE SIDE *INVITATIONS TO PARTIES ARE NOT TRANSFERABLE				
METHOD (	OF PAYMENT				
$\square$ 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 \$				

Mail to: Laura Downing, Fashion Show Reservations Chairman

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

\_\_ CVV \_\_\_

Signature \_

## FASHION SHOW ATTENDEE LIST / INVITATION LIST

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

Ms./Mrs.  ATTENDEE Dr./Mr.		SPOLISE	Ms./Mrs.		
Address			·	Phone	
☐ Check to The Crystal Charity Ball enclosed					
☐ Charge my ☐ MC or ☐ Visa Account #					CVV
Ms./Mrs.  ATTENDEE Dr./Mr.		SPOUSE	Ms./Mrs. Dr./Mr.		
Address					
☐ Check to The Crystal Charity Ball enclosed					
☐ Charge my ☐ MC or ☐ Visa Account #					
Ms./Mrs.		SDOLISE	Ms./Mrs.		
Address					
☐ Check to The Crystal Charity Ball enclosed			Ζιρ		
☐ Charge my ☐ MC or ☐ Visa Account #					CVV
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Ms./Mrs.  ATTENDEE Dr./Mr		SPOUSE	Ms./Mrs. Dr./Mr		
Address	City/State		Zip	Phone	
☐ Check to The Crystal Charity Ball enclosed					
☐ Charge my ☐ MC or ☐ Visa Account #			Amount \$	Exp. Date	CVV
Ms./Mrs.			Ms./Mrs.		
5 ATTENDEE Dr./Mr.					
				Phone	
☐ Check to The Crystal Charity Ball enclosed					CVV
□ Charge my □ MC or □ Visa Account #			_ Amount \$	схр. Dafe	CVV
Ms./Mrs.  ATTENDEE Dr./Mr		SPOUSE	Ms./Mrs. Dr./Mr		
Address					
☐ Check to The Crystal Charity Ball enclosed					
□ Charge my □ MC or □ Visa Account #					
Ms./Mrs.			Ms./Mrs.		
7 ATTENDEE Dr./Mr.					
Address			Zip	Phone	
<ul><li>□ Check to The Crystal Charity Ball enclosed</li><li>□ Charge my □ MC or □ Visa Account #</li></ul>			Amount \$	Exp. Date	CVV
				EXp. Bulo	
Ms./Mrs.  ATTENDEE Dr./Mr					
Address	City/State		Zip	Phone	
□ Charge my □ MC or □ Visa Account #			Amount \$	Exp. Date	CVV
Ms./Mrs.  ATTENDEE Dr./Mr.		SPOLISE	Ms./Mrs.		
Address					
☐ Check to The Crystal Charity Ball enclosed				THORE	
☐ Charge my ☐ MC or ☐ Visa Account #			Amount \$	Exp. Date	CVV
Ms./Mrs.			Ms./Mrs.		
10 attendee dr./mr			Dr./Mr		
Address			Zip		
☐ Check to The Crystal Charity Ball enclosed					
□ Charge my □ MC or □ Visa Account #			_ Amount \$	Exp. Date	CVV