

# Marquette Catholic High School

2009 Spring Fling

## Underwriting Opportunities

I, the undersigned, agree to underwrite the cost (in whole or in part) of the evening's expenses, as indicated below, in support of Marquette Catholic High School's 2009 Spring Fling to be held Saturday, March 21, 2009 at Blue Chip Casino. The proceeds of this event will support Marquette Catholic High School, a 501 (c)(3) nonprofit organization.

### Underwriting Opportunities:

- |                          |               |         |                          |               |         |
|--------------------------|---------------|---------|--------------------------|---------------|---------|
| <input type="checkbox"/> | Food          | \$6,000 | <input type="checkbox"/> | Printing      | \$5,000 |
| <input type="checkbox"/> | Entertainment | \$2,500 | <input type="checkbox"/> | Rental        | \$1,000 |
| <input type="checkbox"/> | Postage       | \$350   | <input type="checkbox"/> | Decorations   | \$2,000 |
| <input type="checkbox"/> | Technology    | \$500   | <input type="checkbox"/> | Misc. Expense | \$2,000 |
| <input type="checkbox"/> | Other:        | _____   | \$                       | _____         |         |

I wish to assist with underwriting this event in the amount of \$\_\_\_\_\_.

- I am unable to take advantage of an underwriting opportunity, however I would like to donate an item to the silent auction.

To prevent errors, please print the information requested below as you wish it to appear where your generosity will be acknowledged.

Name / Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

### Method of Payment:

Check One:  Enclosed is my check payable to Marquette Catholic High School.

Please charge my Visa/MasterCard/Amex/Discover for: \$\_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CVV Code (last 3 digits of # in Signature Area): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please mail this form along with your payment information by March 1, 2009 to:**

Marquette Catholic High School

**Spring Fling Headquarters**

306 West Tenth Street

Michigan City, Indiana 46360

Phone: 219.873.1325, ext. 229

Fax: 219.873.1327