

Guest Information

Please list your guests' names, seating preferences and any dietary restrictions below and return in the envelope provided no later than August 30, 2023. Every effort will be made to accommodate seating requests. Guests must be at least 21 years of age to attend.

For more information, please contact Karen Ferrari at 412.682.6797 or kferrari@oaklandcatholic.org.

JOIN US FOR *Our Celebration*

OAKLAND
CATHOLIC

gala
2023

SEPTEMBER 30, 2023 • 6:00-10:00 PM
ACRISURE STADIUM • UPMC EAST CLUB LOUNGE

Please respond by August 30, 2023

RESERVATIONS CAN ALSO BE MADE BY VISITING GiveToOC.com

Sponsorship Participation

- ☐ \$20,000 Presenting Sponsor
- ☐ \$10,000 Legacy Sponsor
- ☐ \$5,000 Silver Sponsor
- ☐ \$2,500 Burgundy Sponsor
- ☐ \$1,000 St. Joan of Arc Sponsor
- ☐ \$500 Eagle Sponsor

Sponsorship benefit table is located inside invitation. Scan here to make a commitment or donation!



Reservations

(Each reservation includes two cocktail tickets.)

- ☐ Individual Reservation(s) at \$150 per Person

Number of Reservations: _____

(\$50 per reservation is tax-deductible.)

- ☐ Young Alumnae Reservation(s) at \$100 per Person

Number of Young Alumnae Reservations: _____

(Must be 21-31 years of age.)

- ☐ Milestone Alumnae and One Guest Reservation(s) at \$100 per Person

Number of Milestone Alumnae Reservations: _____

- ☐ 50+ Reunion Alumnae and One Guest Reservation(s) at \$75 per Person

Number of 50+ Reunion Alumnae Reservations: _____

(Alumnae celebrating their 50+ Reunion—any year prior to 1973.)

- ☐ OC Gala Donation

I would like to make an additional donation in lieu of what I would spend at a typical auction event on raffles and silent or live auction purchases.

Amount: \$ _____

(Donations are 100% tax-deductible.)

Total Amount Due: \$ _____

Payment Information

Name: _____

As you would like to be recognized.

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

I WOULD LIKE TO PAY BY:

- ☐ Check (made payable to Oakland Catholic High School)
- ☐ Visa ☐ MasterCard ☐ American Express

Name on Credit Card: _____

Billing Address: _____

City, State, Zip: _____

Credit Card No.: _____

Exp. Date: _____ CVV Code: _____

Signature: _____

PLEASE CHECK ALL THAT APPLY:

- ☐ Alumna: ☐ OCHS ☐ OLOMA ☐ SHHS ☐ CHS
- Graduation Year: _____
- ☐ Board of Directors
- ☐ Administration/Faculty/Staff
- ☐ Friend of OC
- ☐ Leading Lady
- ☐ Parent: ☐ Current Student ☐ Alumna
- ☐ Other: _____