

HAVANA NIGHTS



PAYMENT/COMMITMENT FORM

Individual Name: _____

Organization Name: _____ Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ Email: _____

SPONSORSHIP LEVELS

- \$5,000 Havana Night Sponsor \$1,000 Cafecito Sponsor \$100 Individual Ticket(s)
 \$2,500 Domino Sponsor \$750 Table Sponsor Underwriting

Thank you for your commitment to the "Havana Nights" event. Proceeds will benefit the Unaccompanied Minors Program within Catholic Charities of the Archdiocese of Miami.

Please return this form with your check or credit card information at your earliest convenience.

Checks should be made payable to the Archdiocese of Miami and returned to:
9401 Biscayne Blvd. Miami Shores, FL 33138

You may register online – www.adomdevelopment.org/havananights
and pay by credit card or mail payment to the above address.

Credit card#: _____ Expiration date: _____

Please circle: Visa MasterCard American Express

Name as it appears on the card: _____

Billing Address: _____

City: _____ State: _____ Zip code: _____

Signature: _____

PLEASE REMIT COMMITMENT FORM AS SOON AS POSSIBLE. THANK YOU!