



**Old Hollywood
Casino Night**
Saturday, November 11, 7 to 10 p.m.

CONTACT INFORMATION

Name: _____

Phone: _____ Email Address: _____

SPONSOR LEVELS

- Poker Masters* (\$10,000)
- All In* (\$2,000)
- Four of a Kind* (\$500)
- Individual Ticket \$50, # of Tickets _____ (x \$50)
- I am unable to attend and would like to underwrite **Old Hollywood Casino Night** with a donation of \$_____
- House Rules* (\$5,000)
- Royal Flush* (\$1,600)
- Full House* (\$300)

YOUR GIFT

Check enclosed \$_____ Please make checks payable to St. Joseph Regional Catholic School.

Mail checks to St. Joseph Regional Catholic School, 1811 Carolina, Baytown, Texas 77520

Please charge my:

- Visa
- MasterCard
- Discover

Card number: _____

Signature: _____

Expiration Date: ___/___ 3 or 4 digit CVV#: _____

SEATING

Please indicate who will attend with your donation:

No cash payout. Tickets will be held at the door.
For more information, call (281) 513-1878, email development@stjosephbaytown.org, or visit www.stjosephschoolbaytown.com