



## RESERVATION FORM

### 36th Annual Salute to Catholic School Alumni Dinner

Galt House Hotel • March 10, 2026 • Cocktails 5:00pm • Dinner & Program 6:00pm

<input type="checkbox"/> <b>BENEFACTOR</b> <span style="float: right;"><b>\$25,000 +</b></span> <ul style="list-style-type: none"> <li>• 2 tables of 8 with premier placement</li> <li>• Signature recognition for event</li> <li>• Name/logo on event signage</li> <li>• Company name prominently displayed on table</li> <li>• Recognition in dinner program</li> </ul>	<input type="checkbox"/> <b>CHAIRMAN</b> <span style="float: right;"><b>\$10,000</b></span> <ul style="list-style-type: none"> <li>• 1 table of 8 with priority placement</li> <li>• Name/logo on event signage</li> <li>• Company name prominently displayed on table</li> <li>• Recognition in dinner program</li> </ul>
<input type="checkbox"/> <b>LEADERSHIP</b> <span style="float: right;"><b>\$7,500</b></span> <ul style="list-style-type: none"> <li>• 1 table of 8 with preferred placement</li> <li>• Name/logo on event signage</li> <li>• Company name prominently displayed on table</li> <li>• Recognition in dinner program</li> </ul>	<input type="checkbox"/> <b>HONORS</b> <span style="float: right;"><b>\$5,000</b></span> <ul style="list-style-type: none"> <li>• 1 table of 8</li> <li>• Company name prominently displayed on table</li> <li>• Recognition in dinner program</li> </ul>
<input type="checkbox"/> <b>SCHOLARS</b> <span style="float: right;"><b>\$650</b></span> <ul style="list-style-type: none"> <li>• Individual seat</li> <li>• Please reserve _____ seats</li> </ul>	<input type="checkbox"/> <b>EVENT DONATION</b> We cannot attend the event but wish to make a donation in the amount of \$ _____

Contact Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please indicate how you wish to be recognized in printed materials: \_\_\_\_\_

**PAYMENT TOTAL: \$** \_\_\_\_\_ ☐ Please invoice me ☐ Check enclosed

CHECKS PAYABLE TO CATHOLIC EDUCATION FOUNDATION

Name on card \_\_\_\_\_

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Security Code \_\_\_\_\_



Please return this form to: **Catholic Education Foundation**  
 401 West Main Street • Suite 806 • Louisville, KY 40202 • (502) 585-2747 • E-mail: [salute@ceflou.org](mailto:salute@ceflou.org)  
 Or to make reservations online, please visit [www.ceflou.org](http://www.ceflou.org)

