



**CYO Role Model Award Dinner**  
**Friday, April 27, 2018 at 7:00 pm**  
**Ticket Request form**

\_\_\_ Individual Tickets @ \$95 each

\_\_\_ I am unable to attend.

Please accept my contribution in the amount of \$ \_\_\_\_\_

\_\_\_ My company will match my gift. Please enclose the necessary forms.

Name: \_\_\_\_\_ Parish/Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

Payment Options: \_\_\_ Check enclosed made payable to ***CYO of Long Island***

Charge my: \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Amex

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Guests:

\_\_\_\_\_

\_\_\_\_\_

Kindly reply by: April 11, 2018

Please submit completed form to:

**CYO of Long Island**

**20 E. Cherry St., Hicksville, NY 11801**

**Phone: 516-433-1145 Fax: 516-433-1238**