

*The Alumnae Association of  
Immaculate Conception High School*



*Presents*

# *A Taste of...*

*Thursday, March 22<sup>nd</sup> 2012*

*6:45 p.m.*

*258 South Main Street, Lodi, New Jersey*

*Join us for samplings of the specialties of local restaurants.  
Gift certificates from local restaurants and themed gift baskets will be raffled.*

*Please complete the form below, and mail to: Nadine Mooers, Director of Institutional Advancement,  
Immaculate Conception High School, 258 South Main Street, Lodi, New Jersey 07644:*

*Name: \_\_\_\_\_*

*Address (tickets will be mailed to this address): \_\_\_\_\_*

*\_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_*

*Email \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone Number \_\_\_\_\_*

*Number of tickets \_\_\_\_\_ @ \$25 Total Amount \_\_\_\_\_*

*Questions? Please call Nadine at (973) 472-7231. All checks should be made payable to: ICHS Alumnae Association.*

*The following underwriting opportunities are available for those who wish to participate in a special way.*

<input type="checkbox"/> Event Sponsor	\$400 each (includes 2 tickets to event)	<input type="checkbox"/> Decoration Sponsor	\$ 50 each
<input type="checkbox"/> Grand Prize Sponsor	\$200 each (includes 1 ticket to event)	<input type="checkbox"/> Printing Sponsor	\$ 25 each
<input type="checkbox"/> _____	Any Amount		

*Please indicate your choice of Sponsorship level and complete the following:*

*Name \_\_\_\_\_*

*Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_*

*Email \_\_\_\_\_ Cell Phone \_\_\_\_\_ Phone Number \_\_\_\_\_*

*Sponsors names will be prominently displayed at the event and in the Taste of... program. Please indicate how you wish to be listed in the Taste of... program and signage:*

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