



**RESPONSE FORM**  
**Kindly reply by March 5, 2010.**

**Yes, we will attend. Please find enclosed \$150 per person for the following individuals:**

Names: \_\_\_\_\_

Please seat me/us with the following guests:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

If you do not have a seating preference, the Committee will be happy to seat you.

**No, we are not able to attend. A contribution to support The Congressional Schools of Virginia Gala and Auction is enclosed.**

**We would like to contribute as a sponsor.**

**Sponsorship**

- |   |  |
|---|--|
| \$ _____ GOLD: \$5,000 (includes 8 tickets to Gala)       | \$ _____ BAR SPONSOR: \$1,000          |
| \$ _____ SILVER: \$2,500 (includes 4 tickets to Gala)     | \$ _____ ENTERTAINMENT: \$750          |
| \$ _____ BRONZE: \$1,500 (includes 2 tickets to the Gala) | \$ _____ RECEPTION/REGISTRATION: \$500 |

**“Share the Spirit”:**

We would like to contribute \$ \_\_\_\_\_ to help underwrite costs of faculty and staff attending the Gala and Auction.

Contributions must be received by March 1 to be recognized in the Program.  
 Contributions are tax deductible as allowed by law. For additional benefits of sponsorship, contact Jayne Shedd at 703-533-9711 Ext. 306, jshedd@csov.org.

**Method of Payment**

Check Payable to Congressional Schools of Virginia \_\_\_\_\_  
(amount)

Credit Card:  VISA  MasterCard  AMEX \_\_\_\_\_  
(amount)

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name of Cardholder (please print): \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

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

**RETURN TO: The Congressional Schools of Virginia, Gala and Auction, 3229 Sleepy Hollow Road, Falls Church, VA 22042**