

## ATTENDEE INFORMATION

### Attendance of an Individual or Family

Name as you wish it to appear in the event program

### Attendance of a Business or Organization

Name of business or organization as you wish it to appear in the event program

Name of business or a contact for your organization



Please return your form and make checks payable to:

Corpus Christi Academy  
5655 Mayfield Road  
Lyndhurst, OH 44124  
440.449.4242 x-115  
corpuschristiacad.org

## ATTENDEE ADDRESS

Email Address

Address:  Home  Business

City State Zip

Telephone:  Home  Business  Cell

## I WILL ATTEND

I would like to attend the auction...

- Single Reservation: \$60  \_\_\_\_\_ Attendees at \$60 ea. = \$ \_\_\_\_\_  
 Table of 8: \$480

## I WOULD LIKE TO CONTRIBUTE A DONATION

I have enclosed my donation for an item, cash or gift certificate. Estimated Value: \$ \_\_\_\_\_

I have donated from the Amazon.com Wish List

Visit: Amazon.com  
Select: Wish List  
Search: Corpus Christi Academy  
Share: With Friends and Family!

