

PUT HOPE  
INTO *Focus*

# BENEFIT BANQUET 2020

**THURSDAY MAY 28**

**The Odeon at Azle** 1801 Stewart St, Azle, TX 76020

**6:00 PM** Doors Open **7:00 PM** Program & Dinner Begin



## 2020 BENEFIT BANQUET RESERVATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City | State | Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**PLEASE RESERVE** | *Write amount of tickets needed*

\_\_\_\_\_ Ticket(s) at \$35 each

\_\_\_\_\_ Table(s) of 8 at \$250 each

**DONATE** | *Write in giving amount*

I want to donate \$ \_\_\_\_\_

I want to sponsor \$ \_\_\_\_\_

- |                                             |                                          |
|---------------------------------------------|------------------------------------------|
| <input type="checkbox"/> \$10,000   Event   | <input type="checkbox"/> \$500   Bronze  |
| <input type="checkbox"/> \$5,000   Platinum | <input type="checkbox"/> \$250   Partner |
| <input type="checkbox"/> \$2,500   Gold     | <input type="checkbox"/> \$100   Friend  |
| <input type="checkbox"/> \$1,000   Silver   |                                          |

### PAYMENT INFO

Enclosed is my check for \$ \_\_\_\_\_

Unfortunately, I cannot attend. Please accept my  
donation of \$ \_\_\_\_\_

**BILL BY** | *Check One*

*Please make checks payable to Adult & Teen Challenge*

Visa  MasterCard

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_ *(Last three digits on back of card)*

**DONATE ONLINE** | [TCTEXAS.ORG](http://TCTEXAS.ORG)

*Please detach & mail this form to:*

Adult & Teen Challenge of Texas  
1099 Flat Rock Road  
Azle, TX 76020 | 817.406.4441

**CUT ME OUT &  
MAIL ME BACK!**

**LEARN MORE** [TCTEXAS.ORG](http://TCTEXAS.ORG)