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CHAPTER INVITATION REQUEST FORM

Please note: The home office must receive this request 7 weeks before the reservation deadline date to ensure sufficient time for printing and third-class mailing. Requests received with insufficient lead time may result in a surcharge to the chapter (the difference between first and third-class postage) or may be rejected if there will not be sufficient time to process the request. Today's date: _____ Chapter no: ____ Name/Location: ____ Name of event: Is this a Matching Funds event Yes No If yes, who is the recipient of the funds? Are you partnering with another chapter on this event? \square Yes \square No If yes, please complete this statement: This is a joint event with: (e.g. "Chapters 2, 40, WI52") *Note: Each chapter must submit its own event flyer request to the home office. Date of event: Day of week Month Date Year Start Time: _____ Approximate End Time: _____ Location of event:___ Address: Pricing: Members Non-members Adults Children age to Children age to Event details: Include menu and activities planned, such as entertainment, speakers, door prizes, meeting, elections, etc., and times for activities such as cocktail hour, dinner, bus times, etc. Please check the following, if applicable: ☐ Adults only ☐ No refunds will be given ☐ Send a self-addressed stamped envelope ☐ No tickets will be sent Prefer RSVP by: Mail Phone E-mail Reservation deadline date: Include the following on our RSVP coupon: Menu choice Pot luck item Provide list of all attendees on ☐ Age/gender of children back Name: _____ Title: Send RSVP / Direct questions to: City, State, Zip: _____ Address: ____ Phone no.: E-mail address:__ This request submitted by: Phone no.: ___ E-mail address: