

haute for HOPE

Please Reply or Register Online
SOHMISSION.ORG/FASHIONSHOW
by May 3, 2017.

19th Annual Celebrity Fashion Show & Luncheon

NAME (donor name as it will appear on all printed materials)

ADDRESS

CITY/STATE/ZIP

PHONE

EMAIL

PLEASE RESERVE:

Couture \$25,000
2 TABLES FOR 10

Premier Designer \$15,000
TABLE FOR 10

Classic \$10,000
TABLE FOR 10

Fashion Forward \$5,000
TABLE FOR 10

Contemporary \$2,500
TABLE FOR 10

Trendsetter

\$500 *Priority Seating* Individual Ticket x ____

\$150 Individual Ticket x ____

I am unable to attend, but wish to make a donation of \$ _____

In honor of _____ In memory of _____

Enclosed is my check for \$ _____ made payable to Star of Hope.

Please charge \$ _____ to my credit card.

American Express

MasterCard

Visa

Discover

NAME AS IT APPEARS ON CARD

CARD NUMBER

EXPIRATION

SIGNATURE

Please send your guest names to fashionshow@sohmission.org or 713.440.5345.

The Star of Hope is a 501(c)(3) non-profit organization. The FMV of your donation is \$75 per person attending, leaving the balance tax-deductible to the fullest extent of the law. In the unlikely event the Haute for Hope Fashion Show does not occur, the total amount of your sponsorship will go to support the Star of Hope Children's Critical Care Fund.

The following people have accepted my invitation to the

haute for HOPE

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Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____