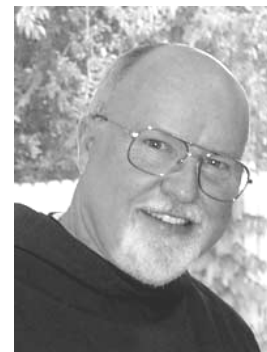


Table Captain Form

20th Anniversary Celebration, October 23, 2010



Become a Table Captain by sponsoring a ten-person table for Franciscan Mission Service's **6th Annual World Care Benefit and Celebration**. The evening will feature music, hors d'oeuvres, wine, a silent auction, and a thought-provoking talk given by renowned Franciscan teacher and author, Fr. Richard Rohr, OFM. All proceeds of this event directly support the work of Franciscan Mission Service.



Fr. Richard Rohr, OFM, is a Franciscan priest of the New Mexico Province. He is widely known for his spiritual writing and lecturing. He currently serves as the Director of the Center for Action and Contemplation in Albuquerque.

Plan an inspired evening out with friends or colleagues by organizing a table of 10 people.

- Individual tickets are \$75 (x 10= \$750).
- If you sponsor a table by September 1, 2010, you can reserve a table of 10 for \$700.
- If you sponsor a table by September 15, 2010, you can reserve a table of 10 for \$725.
- Table captains will be listed in our program.

To sponsor a table, please fill out both sides of this form and return to Franciscan Mission Service.

I'd like to reserve a full table (10 tickets). Enclosed is my check for: \$750 (full sponsorship)
 \$725 (before September 15)
 \$700 (before September 1)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Contact information for each member of your table is **REQUIRED**.
Use the second page of this form to include the information for each table member.

Please complete this form and send with check to:

Franciscan Mission Service
PO Box 29034
Washington, DC 20017

P: (202) 832.1762 | F: (202) 832.1778 | info@franciscanmissionservice.org
www.franciscanmissionservice.org

If you don't know who your table members are yet, please fill out as much as you can at this point and we will follow up with you several weeks before the event.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone (optional): _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone (optional): _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone (optional): _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone (optional): _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone (optional): _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone (optional): _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone (optional): _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone (optional): _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone (optional): _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone (optional): _____