



**Embassy Suites Hotel in Frisco**  
**Saturday, October 24, 2009**  
 6:00 p.m. to Midnight

**TABLE RESERVATION/DONATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_

**I/We would like to underwrite the 2009 Chrysalis Ball at the following level:**

- |   |  |
|---|--|
| <input type="checkbox"/> "Emperor Butterfly" Title Underwriter at \$85,000                        | <input type="checkbox"/> "Meridian Butterfly" Auction Underwriter Match                      |
| <input type="checkbox"/> "Midnight Blue Butterfly" Entertainment Underwriters (2) at \$50,000 ea. | <input type="checkbox"/> "Crescent Butterfly" Sponsor A Child Underwriter at \$50,000        |
| <input type="checkbox"/> "Malachite Butterfly" VIP Reception Underwriter at \$25,000              | <input type="checkbox"/> "Red Glider Butterfly" Casino & After-Party Underwriter at \$25,000 |
| <input type="checkbox"/> "Mariposa Butterfly" Marketing Underwriter at \$25,000                   | <input type="checkbox"/> "Flasher Butterfly" Concept & Décor Underwriter at \$15,000         |
| <input type="checkbox"/> "Swallowtail Butterfly" Technology Underwriter at \$15,000               | <input type="checkbox"/> "Peacock Butterfly" Table Gifts Underwriter at \$15,000             |

**I/We would like to reserve a table at the 2009 Chrysalis Ball:**

- |   |   |
|---|---|
| <input type="checkbox"/> \$25,000 Diamond "Chrysalis" Sponsor (20 Seats)            | <input type="checkbox"/> \$10,000 Platinum "Monarch Butterfly" Sponsor (20 Seats) |
| <input type="checkbox"/> \$ 5,000 Gold "Gossamer Wing Butterfly" Sponsor (10 Seats) | <input type="checkbox"/> \$2,500 Silver "Leaf Wing Butterfly" Sponsor (8 Seats)   |

**I/We** are unable to attend but would like to make the following donation:

(Please circle amount) \$1,000    \$500    \$250    \$100     Other \$ \_\_\_\_\_

**METHOD OF PAYMENT**

Personal Check                       Company Check                       Credit Card:    MasterCard    VISA    AMEX

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

3 digits from back of card signature: \_\_\_\_\_ Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Tax ID #75-1296869

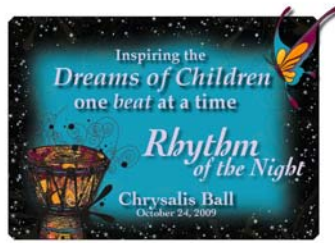
Contributions are tax-deductible to the full extent allowed by law. BGCC is a 501(c)(3) organization.

**PLEASE BE SURE TO INCLUDE GUEST FORM**

**One child. One moment. One life changed.**

P. O. Box 3166    McKinney, TX 75070  
 214/544-8924    972/542-5896 (fax)    www.bgccc.org

Please return this form to the attention of Joan Roe/Accounting at the address below:



**GUEST FORM – Please turn in with Registration Form & Payment**

Host Name: \_\_\_\_\_  
Host Address: \_\_\_\_\_  
Host Phone Number: \_\_\_\_\_  
Host Email Address: \_\_\_\_\_

Guest 1 Name: \_\_\_\_\_  
Guest 1 Address: \_\_\_\_\_  
Guest 1 Phone Number: \_\_\_\_\_  
Guest 1 Email Address: \_\_\_\_\_

Guest 2 Name: \_\_\_\_\_  
Guest 2 Address: \_\_\_\_\_  
Guest 2 Phone Number: \_\_\_\_\_  
Guest 2 Email Address: \_\_\_\_\_

Guest 3 Name: \_\_\_\_\_  
Guest 3 Address: \_\_\_\_\_  
Guest 3 Phone Number: \_\_\_\_\_  
Guest 3 Email Address: \_\_\_\_\_

Guest 4 Name: \_\_\_\_\_  
Guest 4 Address: \_\_\_\_\_  
Guest 4 Phone Number: \_\_\_\_\_  
Guest 4 Email Address: \_\_\_\_\_

Guest 5 Name: \_\_\_\_\_  
Guest 5 Address: \_\_\_\_\_  
Guest 5 Phone Number: \_\_\_\_\_  
Guest 5 Email Address: \_\_\_\_\_

Guest 6 Name: \_\_\_\_\_  
Guest 6 Address: \_\_\_\_\_  
Guest 6 Phone Number: \_\_\_\_\_  
Guest 6 Email Address: \_\_\_\_\_

Guest 7 Name: \_\_\_\_\_  
Guest 7 Address: \_\_\_\_\_  
Guest 7 Phone Number: \_\_\_\_\_  
Guest 7 Email Address: \_\_\_\_\_

Guest 8 Name: \_\_\_\_\_  
Guest 8 Address: \_\_\_\_\_  
Guest 8 Phone Number: \_\_\_\_\_  
Guest 8 Email Address: \_\_\_\_\_

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Guest 9 Name: \_\_\_\_\_

Guest 9 Address: \_\_\_\_\_

Guest 9 Phone Number: \_\_\_\_\_

Guest 9 Email Address: \_\_\_\_\_

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