



HARVEST MOON MASQUERADE



 WWW.CLOVERNOLA.ORG/MASQUERADE

 EXECUTIVE.ASSISTANT@CLOVERNOLA.ORG

Return Completed Form to:
Clover Advancement Office
1600 Constance Street
New Orleans, LA 70130
or email to
executive.assistant@clovernola.org

Invoice: Payment Due
October 25, 2023

| DESCRIPTION | QTY | PRICE | TOTAL |
|-----------------------|-----|-----------|-----------|
| Golden Harvest | | \$10,000 | \$ |
| Cultivating Community | | \$ 5,000 | \$ |
| Seeds of Success | | \$ 2,500 | \$ |
| Individual Ticket | | \$ 200.00 | \$ |
| TOTAL | | | \$ |

Yes, I would like to support this event at the _____ sponsorship level.

Contact Name: _____

Company/Organization: _____

Credit Card Number: _____ Exp Date: _____ CV: _____

Credit Card Type: VISA MASTERCARD AMEX

Telephone: _____

Email: _____