

THE 10TH ANNUAL FATHER PETER M. RINALDI AWARDS DINNER

SATURDAY, APRIL 25, 2020

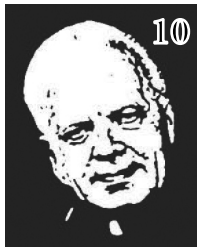
HONORING SISTER MARY RINALDI, FMA

CHRISTINA MCALEER

AND MICHAEL BORRELLI

TO BENEFIT CORPUS CHRISTI-HOLY ROSARY SCHOOL

THE SALESIAN ELEMENTARY SCHOOL OF WESTCHESTER COUNTY

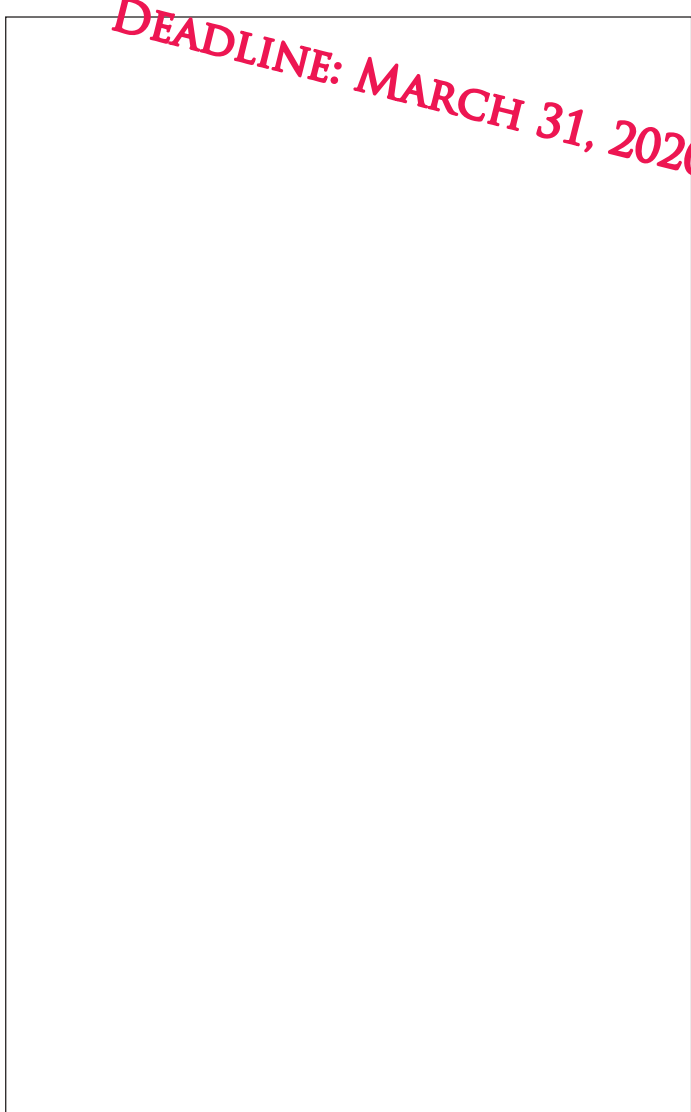


I hereby agree to pay \$_____ for the following:

Ad Journal Tribute / Memorial Page:

- | | | |
|--|-------------|------------|
| <input type="checkbox"/> Back Cover | (7" x 8½") | \$2,500.00 |
| <input type="checkbox"/> Inside Front/Back Cover | (7" x 8½") | \$2,000.00 |
| <input type="checkbox"/> Platinum Page | (7" x 8½") | \$1,000.00 |
| <input type="checkbox"/> Gold Page | (7" x 8½") | \$ 750.00 |
| <input type="checkbox"/> Silver Page | (7" x 8½") | \$ 500.00 |
| <input type="checkbox"/> Full Page | (7" x 8½") | \$ 200.00 |
| <input type="checkbox"/> Half Page | (7" x 4¼") | \$ 100.00 |
| <input type="checkbox"/> Quarter Page | (3½" x 4¼") | \$ 50.00 |
| <input type="checkbox"/> Cornerstone (20 word message) | (2" x 2") | \$ 25.00 |

Please print your message / memorial / tribute / advertisement / personal story clearly inside the box on the right. ➡ You may also submit a photograph (which will be returned), illustration, a business card, or a PDF file to this e-mail address: cchrsdevelopment@gmail.com.



Honor one or more of the following:

- Honoree(s), Tribute, or Memorial Ad.
- Father Peter Rinaldi - a memorial tribute ad.
- The Salesian Family of Corpus Christi-Holy Rosary School.
- A Salesian alumnus/alumnae or class.
- A friend / family member.
- Offer your personal story and/or "thank you" to the Salesian Sisters/ Priests / Brothers or Lay Teachers.

Please mail form and donation to: The Father Peter M. Rinaldi Awards Dinner, Corpus Christi-Holy Rosary School, 135 South Regent Street, Port Chester, NY 10573.

You can also fax forms to: (914) 937-6904 or e-mail cchrsdevelopment@gmail.com.

Name: _____

Address: _____

Phone: _____ Email: _____

Enclosed is: Check **(Please make payable to Corpus Christi-Holy Rosary School)**
 Discover MasterCard VISA American Express

Card Number: _____ Exp. Date: ____/____ CVC #: _____

Signature: _____ **ALL PROCEEDS DIRECTLY BENEFIT Corpus Christi-Holy Rosary School students!**