

TABLE HOST AGREEMENT

Fall Luncheon + Silent Auction CSCET's Signature Fall Event Wednesday, October 19

☐ I will host a table for 10 people	e at \$1,000.	
$\hfill\Box$ I will host a table for 5 people	at \$500.	
$\hfill\Box$ I will host a full or half table (cir	cle one) with my guests purchasing th	neir own tickets.
$\hfill \square$ I'm unable to be a table host	at this year but accept my donation	n of \$.
· ·	honor of or in memory of (circle one) (name of	honoree)
HOST INFORMATION Name:		
PAYMENT OPTIONS ☐ I've sent a check in the mail (☐ I've paid online (www.Cance	•	
☐ Send me an invoice		
☐ Charge my credit card (Maste	er Card, Visa, Discover, AMEX)	
card number	expiration date	CVV

PLEASE RETURN YOUR AGREEMENT TO KATHERINE CHYKA

Mail: 2230 Sutherland Avenue Knoxville, TN 37919

Email: KChyka@CancerSupportET.org

Phone: (865) 546-4661 | Fax: (865) 522-0938

WE WILL CONTACT YOU IN SEPTEMBER TO GET THE NAMES OF YOUR GUESTS. QUESTIONS? Call (865) 546-4661 or e-mail KChyka@CancerSupportET.org