

Night at the Ranch

with

Rick Santorum

Chairman, Patriot Voices

Thursday, May 15th

Private Reception – 5:30 p.m. for Sponsors

General Reception – 6:45 p.m.

Dinner – 7:30 p.m.

Funds raised will go towards important 2014 elections!



***Circle R Ranch
5901 Cross Timbers Rd.
Flower Mound TX 75022***

\$250 per person, \$2500 per table

Please R.S.V.P. to Lisa Hendrickson at Lisa@reigningpr.com or 469-834-3476

www.patriotvoices.com/nightattheranch

Contributions to Patriot Voices PAC are not tax deductible as charitable contributions for federal income tax purposes. Contributions from foreign corporations, federal government contractors, national banks and foreign nationals without permanent residency status are prohibited.

Paid for by Patriot Voices PAC. Not authorized by any candidate or candidate's committee.
www.PatriotVoicesPAC.com

- Yes, I/we will be attending this event. Please reserve ____ tickets at \$250 per person.
- Yes, I/we will serve as a Table Sponsor at \$2,500. I will attend the Private Reception with a guest and also have 10 tickets for the dinner.
- I will serve as a sponsor of this event. Below is my sponsorship level:

__ \$20,000 – Event Sponsor	__ \$5,000 – Picture Sponsor
__ \$15,000 – Meal Sponsor	__ \$4,000 – Beverage Sponsor
__ \$10,000 – 2nd Amendment	__ \$3,000 – Dessert Sponsor
__ \$7,000 – VIP Reception	__ \$2,500– Table Sponsor
- While we cannot attend this event, we will make contribution of _____ to support Patriot Voices PAC.

Please make checks payable to: **Patriot Voices PAC**

315 Foxtail Lane, Spring City, PA 19475

Or fax to 610-822-0942 or email to Lisa@reigningpr.com

Or give online at: www.patriotvoices.com/nightattheranch

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year.

Full Name _____

Guest/spouse (if attending) _____

Address _____

City/State/Zip _____

Email Address _____

Preferred telephone _____

Occupation _____ Employer _____

Credit Card Contributions:

Complete form below and fax to 610-822-0942 or give online at www.patriotvoices.com

Credit Card Type: Visa MasterCard American Express Discover

Credit Card # _____ Expiration Date _____

Name as it Appears on Card _____ Signature _____

Billing Zip Code _____ Security Code (Usually the last 3-4 digits on the back of the card) _____

Amount of Gift: \$ _____