

WINE & DINE 2025

Catholic Charities of the Archdiocese of Galveston-Houston

SATURDAY | NOVEMBER 15, 2025

THE REVAIRE

HONORING

His Eminence Daniel
Cardinal DiNardo, D.D. S. T. L.

HONORARY CO-CHAIRS

Will Cravens | Paul Layne
Larry Massey | Kirk Pfeffer

2025 Underwriter Commitment Form

- ☐ I /We will attend the Wine & Dine
- ☐ I /We are not able to attend the Wine & Dine, but will make a donation of \$_____ to support Catholic Charities.

☐ \$100,000 – Classic Champagne

- Two premier tables of 10 with the option to host His Excellency Joe S. Vásquez, Archbishop of Galveston-Houston
- Tickets to the Caritas Circle Mass & Brunch
- Luxury car service to and from the Wine & Dine for 20
- Podium recognition night of event and incorporated into program presentation
- Ten bundles of the four wines featured at the event

☐ \$50,000 – King Cabernet

- One premier table of 10
- Tickets to the Caritas Circle Mass & Brunch
- Luxury car service to and from the Wine & Dine for 10
- Podium recognition night of event and incorporated into program presentation
- Five bundles of the four wines featured at the event

☐ \$25,000 – Queen Chardonnay

- One prominent table of 10
- Ten express valet tickets
- Podium recognition night of event and incorporated into program presentation
- Two bundles of the four wines featured at the event

☐ \$15,000 – Timeless Pinot Noir

- One preferred table of 10
- Five express valet tickets
- One bundle of the four wines featured at the event

☐ \$10,000 – Mighty Malbec

- One table of 10
- Two express valet tickets

☐ \$5,000 – Charming Rosé

- One table of 10

☐ \$500 – Individual Ticket

Name _____
(As you would like it to appear in print)

Company _____
Company should receive recognition ☐ Yes ☐ No

Address _____ City, State, Zip _____

Phone _____ Email _____

Payment

☐ Enclosed is my check for \$_____ made payable to Catholic Charities.

☐ Please charge my credit card in the amount of \$_____. ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

Name on Card _____

Card Number _____ Billing Zip Code _____ Exp. Date _____ CVV _____

Signature _____ FMV per ticket \$275 | Tax Exempt Number: 74-1109733

Please return in the enclosed envelope by **Monday, September 8, 2025** to be recognized in event materials.
For additional information, please contact **Naibi Rivera** at (713) 874-6629 or **NRivera@CatholicCharities.org**.



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www.CatholicCharities.org

*All underwriters will be recognized on
social media, website, invitation and program.*



SCAN ME