Catholic Charities
Diocese of Youngstown
Providing Help. Creating Hope.

GAMES OF CHANCE
CATHOLIC CHARITIES
Voice of Hope

CATHOLIC CHARITIES ANNUAL VOICE OF HOPE DINNER

Community Support Needed!

We are pleased to announce the celebration of our Annual Voice of Hope Dinner. This event celebrates the unity and identity of Catholic Charities' Services in the Diocese of Youngstown, and raises funds to support our Basic Needs Assistance programs in all six (6) counties!

There are a variety of ways that you and/or your organization can contribute to the success of our event, thereby <u>making an immediate and impactful difference</u> right in Trumbull County!

Any expression of support is appreciated.

DATE: Thursday, May 1, 2025
TIME: 5:00 p.m. -- Cocktails and Hors D'oeuvres
            6:00 p.m. -- Dinner
            7:00 p.m. -- Program
PLACE: The Eastwood Event Centre, Niles, Ohio

ATTRACTIONS: Music by BACKBEAT with John Reese, Various Games of Chance

NOW ACCEPTING: CASH GIFT CARDS CERTIFICATES WHISKEY WINE CHOCOLATES

WE CAN PICK UP!

To ensure the success of this fundraising event, we are asking you to contribute a *gift-in-kind* to either support our GAMES OF CHANCE raffles. Values and prizes will vary.

In return for your generous contribution, you will be mentioned in our program booklet and on our various social media platforms leading up to the event.

Catholic Charities is a registered 501(c)(3) non-profit organization and our Ohio EIN # is 34-0714328.

Please consider a gift today. Every gift, great or small, puts us one step closer to our goal. Our mission is to provide services to people in need in **Trumbull County**. In order to appear in our program booklet, we must receive your donation by: <u>APRIL 9, 2025.</u> If you have any questions, please contact Jennifer Lucarelli at 330-744-8451, ext. 316 or email jlucarelli@youngstowndiocese.org. Thank you in advance for your consideration.

✂------------------ *Cut here, and submit this slip with your donation - <u>or</u> let us know if pick-up is needed.* ------------------✂

Organization/Company Name: _____

Donor/Contact Name: _____

Mailing Address: _____

City / State: _____   Zip: _____

Contact Phone Number: _____   Email Address: _____

# of Items Donated: _____ Description: _____ (in kind, cash, gift certificate)

VALUE OF ITEM: $_____ (please designate per item if more than one item is to be donated)