CATHOLIC CHARITIES DIOCESE OF PALM BEACH

17TH ANNUAL

CARITAS DEI BISHOP'S Gala 2027

Branches of Hope

WEDNESDAY,

FEBRUARY 3, 2027

BREAKERS HOTEL | PALM BEACH

2027 Award Recipients

BISHOP'S CHARITY MEDAL AWARD RECIPIENT
Mr. John Herrick

CARITAS DEI AWARD RECIPIENT
Mrs. Lois Pope

CARITAS SPIRITUS SANCTUS AWARD RECIPIENTS
Mrs. Catalina Pines
Mr. Robert and Mrs. Julie Reveley

CARITAS CHRISTI AWARD RECIPIENT
Rev. Gabriel Ghanoum

DIGNITATEM TUENS AWARD RECIPIENTS
Archbishop Thomas Wenski
Danielle Hickox Moore
Lesly Stockard Smith

2027 Gala Host Committee

CO- CHAIRPERSONS
Amy Acierno | Karmita Gusmano | Florence Metzger Berney

CHAIRMAN EMERITUS
Marietta Muiña McNulty

SPONSORSHIP OPPORTUNITIES

Recognition at event on all collateral materials according to giving level

Kindly Respond by December 15, 2026
For Event Seating: Amyleigh Atwater, aatwater@ccdpb.org | 561-352-9552
For Sponsorships: Emelie Konopka, ekonopka@ccdpb.org | 561-360-3334

- ❍ **Crystal Guardians of Hope:** (Premier Seating) **$1,000,000 & above**
- ❍ **Presenting Guardians of Hope:** (Premier Seating) **$100,000**
- ❍ **Gala Guardians of Hope:** (Premier Table of 12 seats) **$50,000**
- ❍ **Gala Platinum Hope Angels:** (Premier Table of 10 seats) **$25,000**
- ❍ **Gala Gold Hope Angels:** (Table of 10 seats) **$15,000**
- ❍ **Gala Silver Hope Angels:** (8 reserved seats) **$10,000**
- ❍ **Gala Bronze Hope Angels:** (4 reserved seats) **$6,000**
- ❍ **Gala Hope Angels:** (2 reserved seats) **$3,500**

How would you like your sponsorship to be listed *(if applicable)*: _____

RESERVE A TABLE OR TICKET(S)

- ❍ **$6,500 Per Table** (10 Seats) qty_____
- ❍ **$650 Per Individual Ticket** (1 Seat) qty_____
- ❍ I/We are unable to attend but wish to donate our table(s)/ticket(s)
- ❍ I/We are unable to attend but wish to make a donation in the amount of: $_____

CONTACT INFORMATION

Name: _____

Phone: _____

Email: _____

**The fair market value of each seat is $450.00; only amounts paid above $450.00 per seat may be tax deductible. Please consult your tax advisor.

PAYMENT INFORMATION

- ❍ Please send me an Invoice
- ❍ Check enclosed for $_____ payable to **Catholic Charities**

Please charge my : ❍ Visa ❍ Mastercard ❍ AmEx

in the amount of: $_____

Name on Card: _____

Card Number: _____

Exp. Date: _____ CVV Code: _____

Signature: _____ Date: _____

Address: _____

City: _____

State: _____ Zip: _____

GUEST NAMES
Due by December 15, 2026

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MAIL IN OR REGISTER ONLINE
www.ccdpb.org

CATHOLIC CHARITIES
DIOCESE OF PALM BEACH, INC.
providing help • creating hope

100 W. 20th Street | Riviera Beach, FL 33404