



A Safe & Sober Celebration of High School Graduation

Dana Hills High School Grad Nite Committee

33333 Golden Lantern
Dana Point, CA. 92629

January 2017

Dear Friends of the Community,

The Dana Hills High School Class of 2017 needs your help! The Grad Nite 2017 committee is a group of parents and friends who organize graduation night activities for the DHHS seniors. "Grad Nite" is a parent-chaperoned, alcohol- and drug-free event that ensures this day of celebration does not turn into a lifetime of sorrow. We receive no funding from the school or the school district. We are a 501(c)3 tax-exempt organization and we depend on generous contributors such as you to make our seniors' Grad Nite very safe and memorable.

To raise critical funding for Grad Nite, we are hosting **the 21st Annual Taste of Dana** at Dana Hills High School on **Thursday, March 30, 2017**. Expected attendance is over 800 people. Silent auctions, opportunity drawings, and wonderful samplings from local restaurants make this night a community event not to be missed!

We ask you to consider sponsoring our event and/or donating items/services of value to our silent auction. Your donation is tax-deductible and our tax ID number will be provided.

- Your name will be listed in the Taste of Dana program
- You will be recognized in the local newspaper
- You will be listed in the Graduation Program in June
- You will be recognized on our website and may include your logo, a link to your web page, and an inspirational message to the graduates
- You may also wish to place an ad in the Taste of Dana Hills program to promote your business or service

Items can be mailed to the address below or simply email gradnite.dhhs@gmail.com to arrange pick up.

Taste of Dana/Grad Nite 2017
c/o Dana Hills High School
33333 Golden Lantern
Dana Point, CA 92629

If you have any questions, please contact me via email: bkc1905@aol.com.

We thank you in advance for supporting this worthy cause.

Warmest regards,

Karin Campbell
2017 DHHS Grad Nite/
Taste of Dana Co-Chair

TASTE OF DANA DONOR INFO FORM

(DHHS representative to complete and turn in to Karin Campbell bkc1905@aol.com)

ITEM DONATED: _____

VALUE: \$ _____

COMPANY NAME: _____

COMPANY CONTACT NAME: _____

ADDRESS/City/Zip: _____

PHONE: _____

EMAIL: _____

DATE/TIME FOR PICKUP: _____

DHHS GN/TOD representative: _____

DHHS GN/TOD rep's email: _____