



## Catholic Charities Auxiliary

### *Heart of Mary*

*Inspirational Catholic Women Gala*

Christ Cathedral Arboretum

Friday, May 16, 2025

#### **Celebrating the "Heart of Mary"**

When you hear the words "*Heart of Mary*," what image comes to mind? At Catholic Charities Auxiliary, we envision the loving care of the Mother of Christ, her arms outstretched in service to those in need. It is this spirit of compassion and generosity that inspired us to adopt the "*Heart of Mary*" as the theme for our annual event, *Inspirational Catholic Women*.

In the Diocese of Orange County, countless women embody the "*Heart of Mary*" through their selfless volunteering and faith-filled service within parishes, schools, and ministries. At Catholic Charities Auxiliary, we are honored to recognize these extraordinary women — to express our profound gratitude on behalf of the Diocese and inspire others through their example.

We warmly invite you to participate by nominating a deserving individual from your parish, ministry, or organization who exemplifies the "*Heart of Mary*." If you know of multiple candidates, please feel free to nominate each one. These women will be celebrated at the *Inspirational Catholic Women Gala* on **Friday, May 16, 2025, at Christ Cathedral**.

To nominate someone, please complete the enclosed forms and return them by **April 11, 2025**. Additional forms may be shared with the department and ministry leaders who may have honoree suggestions. *Please note* only the first 25 honorees will be included in the Cathedral event due to space limitations. Nominations are accepted on a first-come, first-served basis.

This celebration is an opportunity to publicly honor and congratulate remarkable women of faith, whose service exemplifies what it truly means to live as Catholic women. By recognizing their contributions, we hope to inspire even more acts of devotion and service within our community. If you have any questions or require assistance, please contact us at [ICW@ccoc.org](mailto:ICW@ccoc.org).

Thank you for joining us in celebrating the extraordinary women who serve with love, devotion, and a true "*Heart of Mary*."

Wishing you abundant blessings.

Sincerely,

*Suzanne Land*

*BAmes*

**Suzanne Land**  
President  
*Catholic Charities Auxiliary*

**Brenda Ames**  
Vice President  
*Catholic Charities Auxiliary*



**CATHOLIC CHARITIES**  
OF ORANGE COUNTY



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### HONOREE PROFILE FORM

**Please type or print:**

HONOREE: Mrs./ Ms./ Miss \_\_\_\_\_

(Please circle)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE cell / home: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HUSBAND'S NAME: \_\_\_\_\_

HONOREE'S PARISH/SCHOOL/CENTER/NON-PROFIT ORGANIZATION

\_\_\_\_\_

SIGNATURE OF HONOREE:

\_\_\_\_\_

NAME OF NOMINATING PERSON OR ORGANIZATION:

\_\_\_\_\_

SIGNATURE OF PASTOR, PRINCIPAL OR CENTER'S OFFICER: \_\_\_\_\_

\_\_\_\_\_

Title

Phone Number

Return by mail or scan and email to:

**MUST BE RECEIVED BY APRIL 11th**

[ICW@ccoc.org](mailto:ICW@ccoc.org)

Juliana Silva  
CCOC ICW  
12141 S Lewis St, 11<sup>th</sup> Floor  
Garden Grove, CA 92840



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#### HONOREE INFORMATION

HONOREE NAME: \_\_\_\_\_

#### PART I: VOLUNTEER SERVICES - CURRENT AND PREVIOUS

**Please mark with a star the most important areas in the categories below that you would like to highlight during your introduction.**

Please list the names of the organizations or ministries you have volunteered with, both currently and within the past 3-5 years. You may use commonly recognized initials if applicable.

**Please include a photograph with your submission.**

*To ensure fairness, please do not include any activities for which you received a stipend or salary. Reimbursement for out-of-pocket expenses is not considered compensation and may be included.*

Date	Parish/Ministries/ Organization	Activity	Office or position
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### HONOREE INFORMATION

#### PART I: VOLUNTEER SERVICES - CURRENT AND PREVIOUS

#### COMMUNITY/NON-PROFIT

Date	Organization	Activity	Office or position
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#### HONOREE INFORMATION

#### PART II: FAMILY AND FAITH

Please tell us a little about your family.  
*Any unique added family responsibilities?*

Before the event, we will record a 60-second video to be shown during the program. During the recording, you will be asked the following question:

What inspires you or serves as your example to dedicate your time and talents to the Church, ministry, or organization? Is it a favorite saint, a parent, a friend, or perhaps a scripture passage or meaningful quote?

***We strongly encourage you to take the time to write a script and practice, practice, practice!***

NAME OF PARISH, MINISTRY, OR ORGANIZATION:

Return by mail or scan and email to:

**MUST BE RECEIVED BY April 11th**

[ICW@ccoc.org](mailto:ICW@ccoc.org)

Juliana Silva  
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Garden Grove, CA 92840





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### RESERVATION FORM

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Name of Organization/Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Table #1

#### Table #2

Tables of 8 or 10

Honoree/Guest 1) \_\_\_\_\_ Guest 1) \_\_\_\_\_

Guest 2) \_\_\_\_\_ Guest 2) \_\_\_\_\_

Guest 3) \_\_\_\_\_ Guest 3) \_\_\_\_\_

Guest 4) \_\_\_\_\_ Guest 4) \_\_\_\_\_

Guest 5) \_\_\_\_\_ Guest 5) \_\_\_\_\_

Guest 6) \_\_\_\_\_ Guest 6) \_\_\_\_\_

Guest 7) \_\_\_\_\_ Guest 7) \_\_\_\_\_

Guest 8) \_\_\_\_\_ Guest 8) \_\_\_\_\_

Guest 9) \_\_\_\_\_ Guest 9) \_\_\_\_\_

Guest 10) \_\_\_\_\_ Guest 10) \_\_\_\_\_

**Note: Please include Honoree's name on this list to assure that she will be seated with the group.**

**PLEASE DO NOT INCLUDE PAYMENT FOR THE HONOREE WITH THIS FORM, AS THE HONOREE FEE HAS BEEN WAIVED**

Total amount enclosed at \$175.00 (each) x (No. of Guests) = \$

**Reservation Deadline: May 2, 2025**

**Total Payment is required for Full Table Reservation; Seating is assigned as payments are received.**

Make checks payable to: Catholic Charities Auxiliary

Or Register/Pay Online:

<https://ccoc.org/events/icw-2025>

Mail check & group reservation form to:

Juliana Silva  
CCOC ICW  
12141 S Lewis St, 11<sup>th</sup> Floor  
Garden Grove, CA 92840

Group Reservation form can also be scanned/emailed to:  
[ICW@ccoc.org](mailto:ICW@ccoc.org)





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Sponsorships must be received by **April 16th, 2025**, to ensure inclusion in the program



Yes! I want to sponsor/or attend the Inspirational Catholic Women Event

DEVOTED   \$10,000 .....	One table of 8 and full-page Ad in ICW Program Book 2 bottles of champagne for the table at ICW Event
FAITHFUL   \$5,000 .....	4 seats and half page Ad in the ICW Program Book
HEARTFELT   \$2,500 .....	Quarter page Ad in ICW Program Book
SPIRITED   \$1,000 .....	Business card Ad in ICW Program Book
EARNEST   \$500 .....	Program Mention in ICW Program Book
INSPIRATIONAL   \$200 - \$499 .....	Program Mention in ICW Program Book
TABLE FOR TEN   \$1750.....	Dinner for 10 guests at ICW Event
INDIVIDUAL SEAT   \$175 .....	Dinner for 1 guest at ICW Event

**DONATION IN LIEU OF TICKET | \$175**

***To Become a Sponsor, don't hesitate to get in touch with Zenaida Yolo  
714-883-7061 [zpsyolo@gmail.com](mailto:zpsyolo@gmail.com)***

Or visit our event page <https://ccoc.org/events/icw-2025>

Checks payable to: Catholic Charities Auxiliary  
checks to:

Juliana Silva  
CCOC ICW  
12141 S Lewis St, 11th Floor  
Garden Grove, CA 92840



**For questions, please email: [ICW@ccoc.org](mailto:ICW@ccoc.org)**



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Ads must be received by **April 16th, 2025**, to ensure inclusion in the program



Yes! I want to place an ad in the Inspirational Catholic Women Program Book

<u>Check Here</u>	<u>Size</u>	<u>Price</u>
<input type="checkbox"/>	Back Cover - Full Page (Color, 5" x 8")	\$2,000
<input type="checkbox"/>	Inside Front Cover - Full Page (Color, 5" x 8")	\$1750
<input type="checkbox"/>	Inside Back Cover - Full Page (Color, 5" x 8")	\$1750
<input type="checkbox"/>	Full Page (B/W, 5" x 8")	\$1500
<input type="checkbox"/>	1/2 Page (B/W, 5" x 4")	\$1000
<input type="checkbox"/>	1/4 Page (B/W, 2.5" x 4")	\$500
<input type="checkbox"/>	1/4 Page (B/W, 5" x 2")	\$500
<input type="checkbox"/>	1/8 Page (B/W, 2.5" x 2")	\$250

See next page for sample ad sizes

**Electronic Ad Submission Only** (PDF, PNG, JPEG)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Email ads to: [icw@ccoc.org](mailto:icw@ccoc.org)

Scan QR Code or visit <https://ccoc.org/events/icw-2025>

Make checks payable to: Catholic Charities Auxiliary

Mail check & form to:

Juliana Silva  
CCOC ICW  
12141 S Lewis St, 11th Floor  
Garden Grove, CA 92840

Payment Method:

- Check
- Pay Online



For ad information, please contact Zenaida Yolo 714-883-7061 [zpsyolo@gmail.com](mailto:zpsyolo@gmail.com)

A letter with Catholic Charities of Orange County, Inc, Tax ID # will be mailed to you after the event





# Program Ad Sizes

All black & white

Full Page (5" x 8")

\$1,500

1/4 Page Vertical

(2.5" x 4")

\$500

1/2 Page (5" x 4")

\$1,000

1/4 Page Horizontal (5" x 2")

\$500

1/8 page (2.5" x 2")

\$250