

## CHIEF O'NEILL'S

Saturday, March 7

6:30 - 11:30 p.m.

3471 N. Elston Ave., Chicago

(15 minutes from downtown Park Ridge)

**\$50**

INDIVIDUAL  
TICKET

**\$45**

GROUPS  
OF 6 OR  
MORE

**Featuring** The Shannon Rovers,  
Identity Irish Step dancers,  
Chicago Reel Band

**Food** Heavy Hors d'oeuvres,  
Fish and Chips, Shepherd's Pie,  
Reuben sandwiches and more

**Drink** Cash Bar; Irish beer, liquor  
tastings and wine tastings

**Winning Chances** Split the  
Pot-O-Gold 50-50, Green Silent  
Auction, games, giveaways and  
more

### QUESTIONS

contact Greg Eklund at 847-823-0453  
or [geklund@centerofconcern.org](mailto:geklund@centerofconcern.org)

## ERIN GO BRAGH

### ONE LAST THING

To volunteer, learn more, or  
view the full schedule of the  
Center's events in 2015 go  
to [www.centerofconcern.org](http://www.centerofconcern.org)

SEE YOU AT  
CHIEF O'NEILL'S!

Center  of Concern

1580 N. Northwest Hwy., Suite 310  
Park Ridge, IL 60068  
847-823-0453  
[concern@centerofconcern.org](mailto:concern@centerofconcern.org)

Center  of Concern

**BLARNEY  
BASH**

2015

AT  
CHIEF O'NEILL'S

## 4 EASY WAYS TO PAY

Purchase online or fill out form below, cut out and return in provided envelope with payment.

Please check the boxes that apply:

- YES!** I (WE) WILL ATTEND.
- NO, SORRY, I AM UNABLE TO ATTEND,** but am sending a donation so the Center can continue helping families and seniors in need.
- YES! I WILL PURCHASE RAFFLE TICKETS.**  
(Follow mailing instructions in raffle ticket area.)

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

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

City/State/Zip Code: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Number of tickets: \_\_\_\_\_

Name of Guest(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PAYMENT METHODS

**\$50/person for a single ticket or \$45/person for 6 or more**

### 1 CHECK

PLEASE MAKE CHECKS PAYABLE TO  
THE CENTER OF CONCERN

### 2 CREDIT CARD PAYMENT: (check one)

- MASTER CARD    VISA    DISCOVER    AMEX

Payment Amount: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

CVC/security code: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 3 RESERVE A SPOT

PLEASE RESERVE \_\_\_\_\_ TICKETS

TOTALING \$ \_\_\_\_\_

### 4 ONLINE I WILL PURCHASE TICKETS

CONVENIENTLY AND SECURELY ONLINE AT

**[www.centerofconcern.org/blarney](http://www.centerofconcern.org/blarney)**

The Center of Concern is a 501 (c) (3) non-profit organization and your donations are tax deductible as prescribed by law. Consult your tax professional.

**FOR MORE INFORMATION CONTACT  
GREG EKLUND**

Center of Concern • 847-823-0453  
geklund@centerofconcern.org

## RAFFLE TICKETS

I would like to purchase raffle tickets for “**Split the Pot-O-Gold 50-50**”. 50% of receipts benefit the Center of Concern, 25% each to two winners; winners need not be present.

Cut out and mail back raffle tickets with check or credit card info in the enclosed envelope. Please make checks payable to **The Center of Concern**.

I am purchasing \_\_\_\_\_ raffle tickets. \$5 each or 5 for \$20.  
Total \$ \_\_\_\_\_

Center  of Concern

BLARNEY BASH  
**Split the Pot**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Center  of Concern

BLARNEY BASH  
**Split the Pot**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Center  of Concern

BLARNEY BASH  
**Split the Pot**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Center  of Concern

BLARNEY BASH  
**Split the Pot**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Center  of Concern

BLARNEY BASH  
**Split the Pot**

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