



*Consolato Generale d'Italia  
Chicago*



*please join*

*Hon. Stefania Giannini*

Italian Education Minister

*Hon. Renato G Turano*

Senator of the Italian Republic

*H.E. Adriano Monti*

Consul General of Italy

*for a Concert*

to benefit the promotion and teaching  
of the Italian Language program at

*Casa Italia*

AP Program and Chicago Area Schools  
(under the auspices of the Italian Consulate)

*the Concert will be held on*  
*Sunday, October 12, 2014*  
*at*

*Place de la Musique*

Sanfilippo Foundation  
Sanfilippo Estate  
789 Plumtree Road  
Barrington, Illinois 60010  
[www.sanfilippofoundation.org](http://www.sanfilippofoundation.org)

*Tour*

2:00 pm -3:00 pm

*Concert*

3:00 pm

*Wine & Cheese*  
*& Golden Strings*  
*Strolling Violins*

5:00 pm

RSVP  
[italianlanguage@casaitaliachicago.org](mailto:italianlanguage@casaitaliachicago.org)  
\$200 Donation per person

**CASA ITALIA ITALIAN LANGUAGE BENEFIT CONCERT—SUNDAY, OCTOBER 12, 2014**

**YES, I wish to support the Italian Language Program at Casa Italia.**

**Please include me as a sponsor:**

☐ Michaelangelo \$10,000

☐ Dante \$5,000

☐ Bocaccio \$2,500

☐ Bernini \$1,000

**YES, I will attend the Concert.**

**I have enclosed \$200.00 per guest for \_\_\_\_\_ guest(s).**

**NO, I cannot attend. Enclosed is my donation of \$ \_\_\_\_\_  
to ensure a successful event.**

**Please see reverse side for Credit Card payment information.**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Please make checks payable to: CASA ITALIA**

Completed form can be mailed to: CASA ITALIA, 3800 West Division Street, Stone, Park, IL 60165

Fax to: 708.345.5954 or E-Mail: [italianlanguage@casaitaliachicago.org](mailto:italianlanguage@casaitaliachicago.org)

**If making a credit card contribution, please complete this section:**

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☐ American Express

**Name on card** \_\_\_\_\_

**Card number** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Signature of card holder** \_\_\_\_\_

**Print Full Name:** \_\_\_\_\_

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

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