



HIS EMINENCE ARCHBISHOP HOVNAN DERDERIAN
PRIMATE OF THE WESTERN DIOCESE
OF THE ARMENIAN CHURCH OF NORTH AMERICA

and

THE LADIES AUXILIARY OF THE WESTERN DIOCESE

REQUEST THE HONOR OF YOUR PRESENCE
AT THE FORTY-EIGHTH ANNUAL

Debutante Ball

SATURDAY, THE FIFTEENTH OF FEBRUARY
TWO THOUSAND TWENTY-FIVE

BEVERLY WILSHIRE HOTEL
THE BALLROOM
9500 WILSHIRE BOULEVARD
BEVERLY HILLS, CALIFORNIA

BLACK TIE OPTIONAL

COCKTAIL RECEPTION 5:00 PM
PRESENTATION 6:00 PM
DINNER 7:00 PM

Keepsake Booklet Messages

WE INVITE YOU TO BECOME A PART OF THIS MEMORABLE EVENT BY PLACING AN AD IN OUR DEBUTANTE BALL KEEPSAKE BOOKLET, HELPING TO CAPTURE THE MAGIC OF THIS SPECIAL DAY. WHETHER YOU'RE REPRESENTING YOUR FAMILY, CHURCH, OR BUSINESS, THIS IS A WONDERFUL OPPORTUNITY TO EXTEND YOUR HEARTFELT CONGRATULATIONS TO OUR DEBUTANTES, ESCORTS, AND CROSS BEARERS. YOUR AD WILL COMMEMORATE THEIR ACHIEVEMENTS AND CELEBRATE THE EXCITING NEW CHAPTERS IN THEIR LIVES. BY CONTRIBUTING, YOU'LL BE ADDING A PERSONAL TOUCH TO THEIR JOURNEY, CREATING A KEEPSAKE THEY'LL TREASURE FOR YEARS TO COME. DON'T MISS THIS OPPORTUNITY TO BE A MEANINGFUL PART OF THEIR BEAUTIFUL STORY.

<input type="checkbox"/>	DIAMOND	\$2,000	FULL PAGE
<input type="checkbox"/>	GOLD	\$1,000	FULL PAGE
<input type="checkbox"/>	SILVER	\$500	FULL PAGE
<input type="checkbox"/>	SUPPORTER	\$250	HALF PAGE

ALL PROCEEDS FROM THE BOOKLET WILL BENEFIT THE ARCHBISHOP VATCHE HOVSEPIAN HYE CAMP PROGRAM.

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NAME _____
ADDRESS _____
CITY _____ ZIP _____
PHONE _____ EMAIL _____

PLEASE LIMIT A FULL PAGE AD TO 50 WORDS OR LESS
AND A HALF PAGE AD TO 20 WORDS OR LESS.

ENSURE ALL SPELLING IS CORRECT.

YOUR MESSAGE MAY BE EMAILED TO:

JANET@ROBERTSMARKETING.COM

(949) 500-1367

CHECK PAYMENT: MAKE CHECKS PAYABLE TO
"LADIES AUXILIARY WESTERN DIOCESE"

MAIL BY 1/15/25 TO:

MRS. JANET ROBERTS

12 PEMBROKE LANE

LAGUNA NIGUEL, CA 92677

ONLINE PAYMENT: CREDIT/DEBIT CARD PAYMENTS
CAN BE MADE ONLINE AT WWW.WDDEBBALL.COM

PLEASE INDICATE YOUR METHOD OF PAYMENT:

CHECK ENCLOSED

CREDIT/DEBIT ONLINE

Reservations

NAME _____

ADDRESS _____

CITY _____ ZIP _____

PHONE _____ EMAIL _____

_____ ADULT TICKETS x \$350 = _____
_____ STUDENT TICKETS x \$250 = _____
TOTAL \$ _____

CHECK PAYMENT: MAKE CHECKS PAYABLE TO

“LADIES AUXILIARY WESTERN DIOCESE”

MAIL BY 1/25/25 TO:

MRS. MICHELE CHALFANT
143 N. VAN NESS AVENUE
LOS ANGELES, CA 90004

ONLINE PAYMENT: CREDIT/DEBIT CARD PAYMENTS
CAN BE MADE ONLINE AT WWW.WDDEBBALL.COM

PLEASE INDICATE YOUR METHOD OF PAYMENT:

CHECK ENCLOSED CREDIT/DEBIT ONLINE

FOR QUESTIONS PLEASE CONTACT MICHELE CHALFANT
(323)467-9106 CHALKIDSMOM@GMAIL.COM

ON THE REVERSE SIDE OF THIS CARD, PLEASE PROVIDE
GUESTS' NAMES TO BE SEATED AT YOUR TABLE AND
THEIR ENTREE SELECTION.

Please specify your preferred main course by marking the corresponding box.

MENU CHOICE

NAME	BEEF TENDERLOIN	CHILEAN SEA BASS	BUTTERNUT SQUASH RAVIOLI (VEGAN)
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>