



SPONSORSHIP CONTRACT

Healing Hands Luncheon

March 26, 2025

Featuring Dr. Renaisa Anthony, M.D., MPH

Luncheon Co-Chairs: Anne Besser and Courtney Joyner Gage

SPONSORSHIP OPPORTUNITIES

Presenting Sponsor \$50,000 (1 available)

- 2 exceptional tables for ten
- VIP valet parking at luncheon
- Invitation for 10 to Patron Party
- **Name recognition on invitation**
- **Meet and greet opportunity with Speaker**
- Name recognition at event, in print/online materials
- Donor gift for Table Host

Speaker Sponsor \$25,000 (1 available)

- 2 exceptional tables for ten
- VIP valet parking at luncheon
- Invitation for 10 to Patron Party
- **Meet and greet opportunity with Speaker**
- Name recognition at event, in print/online materials
- Donor gift for Table Host

Patron Party Sponsor \$15,000 (1 available)

- 1 premier table for ten
- VIP valet parking at luncheon
- Invitation for 10 to Patron Party
- **Name recognition on invitation to Patron Party**
- **Speaking opportunity at Patron Party**
- Name recognition at event, in print/online materials

Centerpiece Sponsor \$12,500 (1 available)

- 1 premier table for ten
- VIP valet parking at luncheon
- Invitation for 4 to Patron Party
- **Name recognition on all centerpieces**
- Name recognition at event, in print/online materials

Valet Sponsor \$10,000 (1 available)

- 1 premier table for ten
- VIP valet parking at luncheon
- Invitation for 4 to Patron Party
- **Signage recognition at valet**
- **Opportunity to place sponsor-provided item in each car**
- Name recognition at event, in print/online materials

Favor Sponsor \$5,000 (1 available)

- 1 priority table for ten
- Valet parking at luncheon
- Invitation for 2 to Patron Party
- **Name recognition on sponsor-provided favor distributed to all guests**
- Name recognition in print/online materials

*Check hhmhealth.org/luncheon for sponsorship level availability

DONOR INFORMATION

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Name for printed materials _____

I would like to remain anonymous on all publications

I decline all sponsorship benefits, making my donation 100% tax deductible

BILLING & PAYMENT INFORMATION

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Card #: _____

Expiration Date: _____ Security Code: _____

My check, payable to **HHM Health**, is enclosed for \$ _____

For online payment please go to hhmhealth.org/luncheon, or scan the QR code:



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Please send form to JeanBuys@hhmhealth.org or by mail to **HHM Health PO Box 741524 Dallas, TX 75374**