

#### SPONSORSHIP CONTRACT

Healing Hands Luncheon March 26, 2025 Honorary Chair: Barclay Berdan, CEO Texas Health Resources Luncheon Co-Chairs: Anne Besser and Courtney Joyner Gage Featuring Dr. Renaisa Anthony, M.D., MPH

#### 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 unch on
- Invitation for 10 b Pation arty
- Meet an greet corportunity with Speaker
- Name recognition at event, in print/online materic s
- 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 Porron Party
- Signage rengt ition at alet
- Opmart(nity)) processionsor-provided
  itelenine cohoar
- Name ecognition 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	my dor	mpany will match I decline all sponsorship benefits, making my donation 100% tax deductible
	BILLING 8	& PAYMENT INFORMATION
Cardholder's Name:		
Billing Address:		
City:	State:	Zip Code:
Card #:		
Expiration Date:Se	ecurity Code	e:
My check, payable to <b>HHM He</b> is enclosed for \$	alth,	For online payment please go to hhmhealth.org/luncheon, or scan the QR code:
		rm to JeanBuys@hhmhealth.org

or by mail to HHM Health PO Box 741524 Dallas, TX 75374