



# UNDERWRITING 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

## UNDERWRITING OPPORTUNITIES

- Platinum Sponsor \$25,000**
  - 2 exceptional table 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 materials, and website
  - Donor gift for Table Host
- Gold Sponsor \$10,000**
  - 1 premier table for ten
  - VIP valet parking at luncheon
  - Invitation for 4 to Patron Party
  - Name recognition at event, in print materials, and website
- Silver Sponsor \$5,000**
  - 1 priority table for ten
  - Valet parking at luncheon
  - Invitation for 2 to Patron Party
  - Name recognition in print materials and website
- Bronze Sponsor \$3,000**
  - 1 priority table for ten
  - Valet parking at luncheon
  - Name recognition in print materials and website
- Patron Ticket \$1,000\***
  - Priority seating at luncheon for one
  - Valet parking at luncheon
  - Invitation for 2 to Patron Party
  - Name recognition in print materials and website
- I would like to make an additional gift in the amount of \$\_\_\_\_\_ **in memory/ in honor of:** (please circle one)

\*Individual luncheon tickets will be available at a later date

## DONOR INFORMATION

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

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

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

Email: \_\_\_\_\_

Name for printed materials \_\_\_\_\_

- I would like to remain anonymous on all publications     My company will match my donation     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](http://hhmhealth.org/luncheon), or scan the QR code:



HHM Health EIN: 65-1259379

Please send form to [JeanBuys@hbmhealth.org](mailto:JeanBuys@hbmhealth.org)

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