

SPONSORSHIP OPPORTUNITIES

Presenting Sponsor - \$50,000

- Title Recognition in All Materials as Presenting Sponsor
- Recognition in Media Materials
- Logo in Event Invitation & Program
- Two Premier Tables for 10 at the Event
- Social Media Recognition with Boosts
- Full Page Ad in Event Program
- Event Signage/On Screen Recognition
- Acknowledged by Event Emcee
- **20 Tickets to Premier Sponsor Party**

Tricia & Jack Fatcher Legacy Sponsor — \$40,000

- Recognition in Media Materials
- Logo in Event Invitation & Program
- Two Premier Tables for 10 at the Event
- Acknowledged by Event Emcee
- Social Media Recognition with Boosts
- Full Page Ad in Event Program
- Event Signage/On Screen Recognition
- **18 Tickets to Premier Sponsor Party**

Community Sponsor — \$35,000

- Recognition in Media Materials
- Logo in Event Invitation & Program
- Two Premier Tables for 10 at the Event
- Acknowledged by Event Emcee
- Social Media Recognition with Boosts
- Full Page Ad in Event Program
- Event Signage/On Screen Recognition
- **15 Tickets to Premier Sponsor Party**

Pink Diamond — \$25,000

- Recognition in Media Materials
- Logo in Event Invitation & Program
- One Premium Table for 10 at the Event
- Acknowledged by Event Emcee
- Social Media Recognition with Boosts
- Full Page Ad in Event Program
- Event Signage/On Screen Recognition
- **12 Tickets to Premier Sponsor Party**

Platinum — \$15,000

- Recognition in Media Materials
- Listing in Event Invitation & Program
- Full Page Ad in Event Program
- Preferred Seating for 10 at the Event
- Event Signage/On Screen Recognition
- **10 Tickets to Premier Sponsor Party**

Ruby — \$10,000

- Recognition in Media Materials
- Listing in Event Invitation & Program
- Half Page Ad in Event Program
- One Table for 10 at the Event
- Event Signage/On Screen Recognition
- **8 Tickets to Premier Sponsor Party**

Sapphire — \$5,000

- Listing in Event Invitation & Program
- Half Page Ad in Event Program
- One Table for 10 at the Event
- Event Signage/On Screen Recognition
- **6 Tickets to Premier Sponsor Party**

Pearl — \$3,000

- Listing in Event Program
- One Table for 10 at the Event
- **4 Tickets to Premier Sponsor Party**

Silver — \$2,000

- Listing in Event Program
- One Table for 10 at the Event

The special designation of *Angel Sponsor* means that any table sponsor may donate all their table seats to breast and ovarian cancer survivors who would not otherwise be able to attend.

All reservations must be received by August 2nd to be listed in the invitation.

Memorial Hermann The Woodlands Medical Center's



19TH ANNUAL IN THE PINK OF HEALTH LUNCHEON

Friday, October 18, 2019

The Woodlands Waterway Marriott & Convention Center

SPONSORSHIP FORM

- | | |
|---|--|
| <input type="checkbox"/> \$50,000 Presenting Sponsor | <input type="checkbox"/> \$10,000 Ruby |
| <input checked="" type="checkbox"/> \$40,000 Tricia & Jack Futeher | <input type="checkbox"/> \$5,000 Sapphire |
| <input type="checkbox"/> Legacy Sponsorship SOLD | <input type="checkbox"/> \$3,000 Pearl |
| <input type="checkbox"/> \$35,000 Community Sponsor | <input type="checkbox"/> \$2,000 Silver (Limited) |
| <input type="checkbox"/> \$25,000 Pink Diamond | |
| <input type="checkbox"/> \$15,000 Platinum | |

- I am purchasing a table under the special designation of **Angel Sponsor**.
This means all the seats at my table are open to breast or ovarian cancer survivors who would not otherwise be able to attend.
- I am unable to attend, but wish to make a donation.

Please print legibly. Seating is based on the sponsorship level and the order in which they are received.

Donor/Company Name(s): _____

Please print legibly and exactly how it should appear in all printed materials.

This is a personal gift corporate gift

Company Contact Person: _____

Title

Address: _____

City, State, Zip: _____

Phone: Home Cell Business _____ Email: _____

PAYMENT INFORMATION (please select one option)

Check enclosed in the amount of \$ _____ (Make payable to Memorial Hermann Foundation)

Please charge credit card for \$ _____ MasterCard Visa AmEx Discover

Card number: _____ Expiration date: _____

Name on card: _____

Signature: _____

ALL PAYMENTS MUST BE MADE PAYABLE TO MEMORIAL HERMANN FOUNDATION TO RECEIVE A TAX RECEIPT
Fair market value is \$85 per person; the remaining is tax deductible as allowed by law.

Please return via mail or email:

In the Pink of Health **♀** Memorial Hermann The Woodlands Medical Center
9250 Pinecroft Drive **♀** The Woodlands, TX 77380
inthepink@memorialhermann.org