



**YOU ARE
INVITED
TO A**



TOMAGWA
HealthCare Ministries



MASQUERADE BALL & PARTNER'S GALA

MARCH | 21 | 7 PM

**THE WOODLANDS
WATERWAY MARRIOTT**

1601 Lake Robbins Dr, The Woodlands



**KEYNOTE SPEAKER
LT. GOV DAN PATRICK**

SPONSORSHIP FORM

UNDERWRITER

\$50,000+

Event Underwriter Title
Host VIP Reception
Podium recognition
Three deluxe tables
Individual slide recognition
Individual Event Branding
Patient Room Naming

DIAMOND SPONSOR

\$25,000+

Primary Sponsor Recognition
Podium recognition
Four tickets to VIP Reception
Two deluxe tables
Slide recognition with 1 sponsor
Event Promotional Branding
Patient Room Naming

PLATINUM SPONSOR

\$15,000+

Key sponsor recognition
Podium recognition
Three tickets to VIP Reception
Two platinum tables
Recognition during live event
Slide recognition with 2 sponsors
Event promotional branding

GOLD SPONSOR

\$5,000+

Identified as sponsor
Two ticket to VIP Reception
One gold table
Recognition during live event
Slide recognition with 3 sponsors
Event promotional branding

SILVER SPONSOR

\$2,500+

Identified as sponsor
Two tickets to VIP Reception
One Silver table
Recognition during live event
Slide recognition with 7 sponsors

_____ VIP RECEPTION **\$500**

Attend a private VIP Reception to enjoy more intimate dialogue with Lt. Governor Dan Patrick along with other elected officials and key community leaders while enjoying fine champagne and light hors d'oeuvres. Gala registration not **required**.

- I would like to sponsor – Make selection above by checking circle.
- I would like to purchase _____ Individual ticket(s) at \$250 each.
- I would like to purchase _____ VIP passes (Gala registration not required)
- I am unable to attend but would like to make a donation.

Total Sponsor:\$ _____ Total Individual:\$ _____ Total Donation:\$ _____

Total VIP: \$ _____ **TOTAL DUE: \$ _____**

Payment Method: Check (Payable to TOMAGWA) Credit Card

Sponsor Name _____ Contact Name _____

Street Address _____ City, State & Zip _____

Phone _____ Email _____

Name on Card _____ Date _____

Card # _____ Expires _____ CVV _____

Signature _____