



Event Underwriting & Sponsorship Opportunities
 Register or make a gift online at www.thrivewomensclinic.com/Festa

Return to the Garden • Thursday, April 4, 2019 • 10a.m. – 12p.m. • Rosine Hall at The Dallas Arboretum

Champion of Life (\$25,000+)

- Premier table(s) for ten to twenty
- Recognition in event-related materials
- VIP gift

Guardian of Life (\$10,000+)

- Prominent table for ten
- Recognition in event-related materials
- VIP gift

Defender of Life (\$5,000+)

- Distinguished table for ten
- Recognition in event-related materials
- VIP gift

Sustainer of Life (\$2,500)

- Excellent table for ten
- Recognition in event-related materials
- VIP gift

Preserver of Life (\$1,500)

- Table for ten
- Recognition in event-related material
- VIP gift

Patron Sponsor (\$1,000)

- Priority seating for 2
- Recognition in event-related materials
- VIP gift



Enhancing Trust

Thrive Women's Clinic is a 501(c)(3) organization. If you are attending this event, the nondeductible portion of your payment will be reflected on your receipt.

EVENT SPONSORS (these options do not fill a table)

- Venue Sponsor (\$5,000)**
- Décor Sponsor (\$3,000)**
- Sponsor a Life-Saving Story on Film (\$2,500)**
- Printing & Graphics Sponsor (\$1,500)**

Tables may be "shared" by no more than two underwriters

In order to receive recognition in event-related materials, underwriting contract must be received no later than March 21st.

- _____ I am unable to attend but wish to contribute \$_____ to Thrive Women's Clinic.
- _____ I decline all underwriting benefits; the total amount of my gift will be tax deductible.
- _____ I wish my gift to be anonymous.

Name for Recognition: _____
 (as it should appear in event-related material)

E-mail: _____
 (please print legibly)

Cell: _____ **Church:** _____

Payment Options: _____ Enclosed is my check for \$_____ made payable to Thrive Women's Clinic.
 _____ Please charge \$_____ to my MC Visa AMEX (circle one).

Name on Card: _____

Credit Card Acct. No: _____ **Exp. Date:** _____ **CVV2 (code) :** _____

Billing Address: _____ **City/State:** _____ **Zip:** _____