



Celebration & Fundraising Dinner 2019

7:00 p.m. to 9:00 p.m.

Thursday, October 3, 2019 • Frontiers of Flight Museum

TABLE & EVENT SPONSORSHIP OPPORTUNITIES

☐ Champion of Life (\$50,000+)

- Premier table(s) for 10 to 20
- Recognition in event-related materials
- Meet & Greet Reception for 2

☐ Guardian of Life (\$25,000+)

- Premier table(s) for 10 to 20
- Recognition in event-related materials
- Meet & Greet Reception for 2

☐ Defender of Life (\$10,000+)

- Prominent table for 10
- Recognition in event-related materials
- Meet & Greet Reception for 2

☐ Sustainer of Life (\$5,000+)

- Distinguished table for 10
- Recognition in event-related materials
- Meet & Green Reception for 2

☐ Advocate of Life (\$2,500)

- Excellent table for 10
- Recognition in event-related materials
- Meet & Greet Reception for 2

☐ Single Patron Seating (\$500)

☐ Two Patron Seats (\$1,000)

- Priority seating
- Recognition in event-related materials

Event Sponsors (these options do not include a table)

☐ Entertainment Sponsor (\$5,000)

☐ Museum/Venue Sponsor (\$4,000)

☐ Décor Sponsor (\$3,000)

☐ Sponsor a Life-Saving Story on Film (\$2,500)

☐ Printing & Graphics Sponsor (\$1,500)

*Table underwriting may only be shared by up to two hosts for Sustainer and above.

You may also make your reservations and conduct your transaction online at: Vinekeepers.org/Dinner

**** In order to receive recognition in printed material, contract must be received no later than September 12th.**



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

_____ I am unable to attend yet 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 (*my name will not be listed as an event sponsor.*)

Name for Recognition: _____

E-mail: _____

Mobile: _____ **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: _____

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

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