



Celebration & Fundraising Dinner

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

Thursday, September 24, 2020 • The Statler Hotel by Hilton

TABLE & EVENT SPONSORSHIP OPPORTUNITIES

TABLE SPACING & SEATING WILL FOLLOW CURRENT SOCIAL DISTANCING GUIDELINES

- Champion of Life (\$25,000+)**
 - Multiple Premier tables for seating up to 20
 - Recognition in event-related materials
- Guardian of Life (\$10,000+)**
 - Prominent table with seating for up to 10
 - Recognition in event-related materials
- Defender of Life (\$5,000+)**
 - Distinguished table with seating for up to 10
 - Recognition in event-related materials
- Sustainer of Life (\$2,500+)**
 - Excellent table with seating for up to 10
 - Recognition in event-related materials

- 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)**
- Audio/Visual Production Sponsor (\$4,000)**
- Décor Sponsor (\$3,000)**
- Sponsor a Life-Saving Story on Film (\$2,500)**
- Printing & Graphics Sponsor (\$1,500)**

**** In order to receive recognition in printed materials, contract must be received no later than September 3rd.**



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 to remain anonymous *(my name will not be listed as an event sponsor.)*



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

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:** _____ **Security Code:** _____

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