

RISEUP!

Celebration & Fundraising Dinner

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

Tuesday, October 5, 2021 • Hilton Anatole

TABLE & EVENT SPONSORSHIP OPPORTUNITIES

○ Champion of Life (\$25,000)

- Premier tables for 10 each (up to 2)
- Complimentary valet parking for you and your guests
- Priority food service
- VIP celebrity reception for you and your guests
- Prominent recognition in event-related materials

○ Guardian of Life (\$10,000)

- Premier table for 10
- Complimentary valet parking for you and your guests
- Priority food service
- VIP celebrity reception for you and your guests
- Recognition in event-related materials

○ Defender of Life (\$5,000)

- Premier table for 10
- Complimentary valet parking for table host only
- Priority food service
- VIP celebrity reception for table host only
- Recognition in event-related materials

○ Sustainer of Life (\$2,500)

- Table for 10
- VIP celebrity reception for table host only
- Recognition in event-related materials

○ Two Patron Seats (\$1,000)

○ Single Patron Seat (\$500)

- Priority seating
- VIP celebrity reception
- Recognition in event-related materials

Event Sponsors *(no table included)*

- Entertainment Sponsor (\$6,000)
- A/V Sponsor (\$5,000)
- Décor Sponsor (\$3,000)
- Life-Saving Story on Film Sponsor (\$2,500)
- Printing & Graphics Sponsor (\$2,000)

Includes Patron level seating and recognition

Sponsorships may only be shared by up to two hosts at Defender level or higher.

For recognition, contract must be received by September 14.



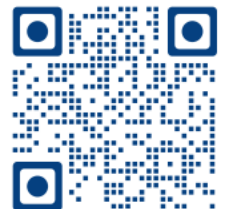
Enhancing Trust

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

_____ I am unable to attend, but wish to donate \$_____ to Thrive Women's Clinic.

_____ I am unable to attend and decline all underwriting benefits.

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



You may also make your reservations and transaction online at: [Vinekeepers.org/Dinner](https://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: _____