

# Table & Event Sponsorship Opportunities



Register Online

Sunday, October 19, 2025 | Renaissance Dallas Addison Hotel

<i>Champion of Life</i>	<i>Guardian of Life</i>	<i>Defender of Life</i>
BENEFITS	BENEFITS	BENEFITS
<i>Premier table for up to twenty (20). Exclusive VIP Meet &amp; Greet Reception for all table guests. One assigned VIP parking space. Recognition from stage. Recognition in program.</i>	<i>Premier table for ten (10). Exclusive VIP Meet &amp; Greet Reception for all table guests. One assigned VIP parking space. Recognition in program.</i>	<i>Distinguished table for ten (10). Exclusive VIP Meet &amp; Greet Reception for table hosts only. One assigned VIP parking space. Recognition in program.</i>
<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000

Table hosting may only be shared by up to two (2) hosts.

<i>Sustainer of Life</i>	<i>Patron Sponsor</i>	<i>Sponsors</i>
BENEFITS	BENEFITS	BENEFITS
<i>Table for ten (10). Recognition in program.</i>	<i>Priority seating for two (2). Recognition in program.</i>	<i>Includes Priority Seating for two (2) &amp; VIP Reception if attending. Recognition in program.</i>
<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> <i>Life-Saving Story on Film</i> \$4,000 <input type="checkbox"/> <i>Silent Auction (includes signage)</i> \$3,000

Thrive Women's Clinic is a 501(c)(3) organization. Your tax deduction details will be provided on your receipt. 75-1853520

Register online at [www.vinekeepers.org/dinner](http://www.vinekeepers.org/dinner)

## PAYMENT INFORMATION

For program recognition, register by **October 9<sup>th</sup>**

I am unable to sponsor or host a table, please accept my donation of \$ \_\_\_\_\_

I wish to remain publicly anonymous

Name for Recognition (if not anonymous) \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_ made payable to Thrive Women's Clinic.

Payment will be coming through a Donor Advised Fund.

Charge my credit card \$ \_\_\_\_\_ Name on Card \_\_\_\_\_

ACCT \_\_\_\_\_ EXP \_\_\_\_\_ CVV \_\_\_\_\_

Billing Address \_\_\_\_\_ ZIP \_\_\_\_\_