



Sponsor Contract

Platinum Level - \$15,000

- Seating for 20
- Patron Party Invitation
- Full Page Ad in Program
- Web Site Recognition
- Media Recognition

Gold Level - \$10,000

- Seating for 10
- Patron Party Invitation
- Three-Quarter Page Ad in Program
- Web Site Recognition
- Media Recognition

Silver Level - \$5,000

- Seating for 6
- Patron Party Invitation
- One-Half Page Ad in Program
- Web Site Recognition
- Media Recognition

Bronze Level - \$2,500

- Seating for 4
- Patron Party Invitation
- One-Quarter Page Ad in Program
- Web Site Recognition
- Media Recognition

Friends Level - \$1,000

- Seating for 2
- Program Listing
- Web Site Recognition

TABLE AND/OR TICKETS:

- [] Patron Table of 10 - \$2,500
 - [] Table of 10 - \$1,500
 - [] Patron Individual tickets - \$250
 - [] Individual tickets - \$150
- _____ total tickets needed

I AM UNABLE TO ATTEND, BUT WISH TO MAKE A \$_____ CONTRIBUTION

Name of Donor _____

Name of Contact Person _____

Address/City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Donor's name as it should be listed in all printed materials _____

**We can guarantee program and/or media recognition for contracts received by October 1, 2010*

BILLING AND PAYMENT INFORMATION

TOTAL CONTRIBUTION \$_____

Check made payable to Methodist Richardson Medical Center Foundation (MRMCF)

Please bill my credit card Please invoice me (credit card guarantee required)

Cardholder's Name _____

Billing Address _____

City/State/Zip _____

MasterCard Visa American Express Discover

Card # _____ Expiration Date _____ Security Code _____

Cardholder's Signature _____ Date _____

FULL PAYMENT IS DUE by October 25, 2010

Gala Volunteer _____

Phone Number _____

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