

Honorees: Congregation of the Sisters of Charity of the Incarnate Word

The Most Reverend Joseph Fiorenza

Katherine & Brian Parsley, MD

Honorary Chairs:

Joan & Philip Morabito

Louise & Bob Parsley

Annette & George W. Strake

The Most Reverend George A. Sheltz (In Memoriam)

Centennial Sponsor - \$100,000

- One (1) seat at head table with speaker and Clinic leadership
- One (1) table of ten (10) in prominent location
- Eleven (11) tickets to pre-event VIP reception
- Logo listed as Presenting Sponsor on all materials
- Logo listed on Clinic social media
- Logo listed on event press release
- Logo listed in event invitation*
- Logo listed in printed event program
- Verbal recognition during event

Diamond Sponsor - \$50,000

- One (1) table of ten (10) in prominent location
- Ten (10) tickets to pre-event VIP reception
- Name or logo listed on Clinic social media
- Name or logo listed in event invitation*
- Name or logo listed in printed event program
- Verbal recognition during event

∪Gold Sponsor - \$25,000

- One (1) table of ten (10) in priority location
- Five (5) tickets to pre-event VIP reception
- Name or logo listed on Clinic social media
- Name or logo listed in event invitation*
- Name or logo listed in printed event program
- Verbal recognition during event

∪ Silver Sponsor - \$10,000

- One (1) table of ten (10) in preferred location
- Five (5) tickets to pre-event VIP reception
- Name listed in event invitation*
- Name listed in printed event program

Reception Underwriter - \$20,000

- One (1) table of ten (10) at the event
- Ten (10) tickets to pre-event VIP reception
- Opportunity to give remarks at VIP reception (2 minutes)
- Signage at VIP reception with name or logo
- Name listed in printed event program

Auction Underwriter - \$15.000

- One (1) table of ten (10) at the event
- Five (5) tickets to pre-event VIP reception
- Name listed in printed event program
- Verbal recognition during event

Wine Pull Underwriter- \$10,000

- One (1) table of ten (10) at the event
- Five (5) tickets to pre-event VIP reception
- Signage at wine pull table with name or logo
- Opportunity to provide branded item as giveaway with each bottle of wine
- Name listed in printed event program

	Ia	mι	ınab	le to	attend	. Please	accept r	ny
don	atio	n.						

☐ I would like t	o donate a	anonymously	y.
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*For guaranteed listing in invitation, sponsorship must be received by July 1, 2022

Contact Information:

Name:			
Sponsor/ Underwriter Name:			
Billing Address:			
City:	State:	7	Zip:
Phone:	Fax:		
Email Address:			
Payment Options:			
Enclosed is my check for \$	payable to S	an José Clinic.	
Please charge \$ to my credit ca	ard: 🗌 Visa 🗀	Mastercard An	nEx 🗌 Discover
Name as it appears on credit card:			
Card Number:	Expiration Da	te:	
Please Invoice Me. We request that you			

Mail form and check to: San José Clinic | P.O. BOX 2808 | Houston, TX 77252-2808