



**ThriveWell Cancer Foundation Annual Luncheon**  
**Friday, March 23, 2018**  
**The Mays Family Center at The Witte Museum**  
**3801 Broadway, San Antonio, TX 78209**

**My gift to support the vital work of ThriveWell Cancer Foundation is at the following level:**

**PLATINUM SPONSOR \$10,000**

- Premium seating for table of 10
- Recognition in all printed materials including invitation, news releases and luncheon program
- Signage announcing sponsorship at registration table
- Opportunity to distribute literature at vendor table during event
- Organization logo or name recognition on ThriveWell's home page during March 2018 – December 2018

**GOLD SPONSOR \$7,500**

- Premium seating for table of 10
- Recognition in all printed materials including invitation, news releases and luncheon program
- Signage announcing sponsorship at registration table
- Opportunity to distribute literature at vendor table during event

**SILVER SPONSOR \$5,000**

- Priority seating for table of 10
- Recognition in the invitation and luncheon program
- Signage announcing sponsorship at registration table
- Opportunity to distribute literature at vendor table during event

**FRIENDS TABLE \$2,500**

- Table of 10
- Recognition in all printed materials including invitation, news releases and luncheon program
- Signage announcing sponsorship at registration table
- Opportunity to distribute literature at vendor table during event

**Table of 10 \$1,500**

- Yes, you may use my name in printed luncheon materials.       I want to purchase \_\_\_\_\_ ticket(s) at \$150 each.  
 Do not use my name in any printed luncheon materials.       I will not use the table I have purchased.  
 I want a vendor table to distribute literature during the event       I cannot attend, but would like to make a donation of \$ \_\_\_\_\_.

Sponsor Name \_\_\_\_\_  
PLEASE PRINT YOUR NAME ABOVE, AS YOU WISH IT TO APPEAR IN THE PRINTED MATERIALS (if allowed)

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

**PAYMENT INFORMATION**

Total amount of contribution \$ \_\_\_\_\_

**CHECK** enclosed payable to: **ThriveWell Cancer Foundation**

**CREDIT CARD** Please charge to my:       MasterCard     VISA     American Express     Discover

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_ Security Code \_\_\_\_\_