



ThriveWell Cancer Foundation Annual Luncheon

Friday, April 3, 2020 • 11AM - 1PM

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
- Organization logo or name recognition on ThriveWell's home page during April 2020 – December 2020

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

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

BRONZE SPONSOR \$2,500

- Table of 10
- Recognition in the invitation and luncheon program
- Signage announcing sponsorship at registration table
- Opportunity to distribute literature at vendor table

FRIENDS Table of 10 \$1,500

Yes, you may use my name in printed luncheon materials.

Do not use my name in any printed luncheon materials.

I want a vendor table to distribute literature during the event

I want to purchase _____ ticket(s) at \$150 each.

I can't use the table I've purchased and would like to donate it back to ThriveWell.

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 _____