

# Sponsor & Underwriting Commitment Form

18<sup>th</sup> Annual Hearts in Harmony Gala  
Thursday, February 28th, 2019, Mays Family Center, 6:00pm

PLEASE INDICATE YOUR TABLE SPONSOR LEVEL BELOW:

TITLE Sponsor      \$ 25,000  
Table for Ten (10) with Primary Placement  
Recognition as Title Sponsor at Event and in all  
Publications  
Title Sponsor will additionally receive exclusive promotion  
abilities for the 2019 annual grief education series to  
benefit counselors, therapists and school administrators  
relating to crisis and grief interventions of best practices  
Event & Table Signage; Great Wine & Valet Parking

BELIEVE Sponsor      \$ 10,000  
Table for Ten (10) with Prominent Placement  
Special Recognition at Event and in all Publications  
Event & Table Signage; Great Wine & Valet Parking

HOPE Sponsor      \$ 5,000  
Table for Ten (10) with Prime Placement  
Special Recognition at Event and in all Publications  
Event & Table Signage  
Valet Parking

DREAM Sponsor      \$ 2,500  
Table for Ten (10) with Preferred Placement  
Sponsorship Recognition in all Publications  
Table Signage & Valet Parking

INDIVIDUAL Tickets \$ 250

Please indicate below how you wish to be listed:

TABLE NAME: \_\_\_\_\_

UNABLE TO ATTEND BUT WISH TO SPONSOR A CHILD (100% deductible):

Yes! I would like to help grieving children heal by sponsoring one or more children for individual counseling and/or peer grief support for one full year.

(Number of Children) x \$500 (Sponsorship of ONE Child) = \$ \_\_\_\_\_

Any amount will help a grieving child: \$ \_\_\_\_\_

Please designate my donation for Birdies for Charity.

## PAYMENT METHOD:

Company Name (if applicable): \_\_\_\_\_

Name (as you would like it published): \_\_\_\_\_

Main Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I wish to pay now. My payment information is below.

My check is enclosed, payable to the CBCST.

Please charge my credit card.

Visa     Mastercard     Amex

Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ CVC: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address (associated with this card): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

I wish to defer my payment until January 2019.

Please return this form by January 28th, 2019 to the Center:

Attention: Julia Anderson

Children's Bereavement Center of South Texas

205 West Olmos Drive, San Antonio, TX 78212 210-736-4847 www.cbcst.org

**Thank you for your support.**

**We can't wait to see you at the Gala on Thursday, February 28, 2019!**