



Patient-Focused Community Health Center

# Healing Hands Luncheon

at Dallas Art's District Mansion

**Julia Sands Cunningham & Shannon Graham**

Co-Chairs

**Tucker Enthoven**

Honorary Chair

Featuring

**Scott Hamilton**

American Figure Skater, Olympic Gold Medalist, and Two Time Cancer Survivor  
**April 21, 2023**

## SPONSORSHIP OPPORTUNITIES

**Platinum Sponsor \$25,000**

- Two exceptional tables for 10
- Valet parking at luncheon
- 20 autographed copies of Scott Hamilton's *Finish First*
- 20 Invitations to the Patron Party in March
- Name recognition at event, in print materials, website, and social media
- Donor Gift for Table Host

**Gold Sponsor \$15,000**

- One premier table for 10
- Valet parking at luncheon
- 10 autographed copy of Scott Hamilton's *Finish First*
- 10 Invitations to Patron Party in March
- Name recognition at event, in print materials, website, and social media
- Donor Gift for Table Host

**Silver Sponsor \$10,000**

- One premier table for 10
- Valet parking at luncheon
- 10 autographed copy of Scott Hamilton's *Finish First*
- 10 Invitations to Patron Party in March
- Name recognition at event, in print materials, website, and social media
- Donor Gift for Table Host

**Bronze Sponsor \$5,000**

- One priority table for 10
- Valet parking
- Four tickets to the Patron Party in March
- Name recognition in press, website, and social media

**Table (Limited) \$3,000**

- One priority table for 10
- Valet parking
- Two Tickets to the Patron Party
- Name recognition in press, website, and social media

**Patron Ticket \$1,000**

- Priority seating at luncheon for 1
- Valet parking
- Two tickets to the Patron Party in March
- Name recognition in print, website, and social media

**I would like to make an additional gift in the amount of \$ \_\_\_\_\_ in memory of/ in honor of (please circle one) \_\_\_\_\_**

## DONOR INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Matching Company (optional) \_\_\_\_\_

Name and Address for Invitations (if different than listed above) \_\_\_\_\_

I would like to remain anonymous on all publications

Please send form to JeanBuys@hnmhealth.org or by mail to **HHM Health PO Box 741524 Dallas, Texas 75374**

## BILLING & PAYMENT INFORMATION

For online payment please go to **hnmhealth.org/luncheon**  My check, payable to **HHM Health**, is enclosed for \$ \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_