



Healing Hands Luncheon

April 21, 2023

featuring

Scott Hamilton

American Figure Skater, Olympic Gold Medalist and Cancer Survivor

Tucker Enthoven, Honorary Chair • Julia Sands Cunningham & Shannon Graham, Co-Chairs

UNDERWRITING OPPORTUNITIES

Platinum Sponsor \$25,000

- Two exceptional tables for ten
- VIP valet parking at luncheon
- Twenty autographed copies of Scott Hamilton's *Finish First*
- Twenty invitations to the Patron Party in March
- Name recognition at event, in press, in print materials, website, and social media
- Donor gift for Table Host

Gold Sponsor \$15,000

- One premier table for ten
- VIP valet parking at luncheon
- Ten autographed copies of Scott Hamilton's *Finish First*
- Ten invitations to Patron Party in March
- Name recognition at event, in press, in print materials, website, and social media
- Donor gift for Table Host

Silver Sponsor \$10,000

- One premier table for ten
- VIP valet parking at luncheon
- Ten autographed copies of Scott Hamilton's *Finish First*
- Ten invitations to Patron Party in March
- Name recognition at event, in press, in print materials, website, and social media

Bronze Sponsor \$5,000

- One priority table for ten
- Valet parking at luncheon
- Four invitations to the Patron Party in March
- Name recognition in print materials, website, and social media

Table (Limited) \$3,000

- One priority table for ten
- Valet parking at luncheon
- Two invitations to the Patron Party in March
- Name recognition in print materials and website

Patron Ticket \$1,000*

- Priority seating at luncheon for one
- Valet parking at luncheon
- Two invitations to the Patron Party in March
- Name recognition in print materials and website

*Limited number of \$300 tickets available at a later date

- 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 for printed materials (if different than listed above) _____

I would like to remain anonymous on all publications

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

BILLING & PAYMENT INFORMATION

For online payment please go to hhmhealth.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 _____