



Healing Hands Luncheon

March 19, 2024

featuring

David Kwong

New York Times Crossword Puzzle Constructor, Author, Magician, and Enigmatist

Honorary Chairs: Debbie and Ric (posthumously) Scripps

Luncheon Co-Chairs: Christy Berry and Nancy Scripps

SPONSORSHIP AND UNDERWRITING OPPORTUNITIES

Platinum Sponsor \$25,000

- Two exceptional tables for ten
- VIP valet parking at luncheon
- Twenty invitations to the Patron Party
- Two seats at private dinner with featured speaker
- 5 bonus raffle tickets
- 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 invitations to Patron Party
- 3 bonus raffle tickets
- 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 invitations to Patron Party
- 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 Patron Party
- 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 Patron Party
- Name recognition in print materials and website

Patron Ticket \$1,000*

- Priority seating at luncheon for one
 - Valet parking at luncheon
 - Two invitations to Patron Party
 - 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 Code: _____

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@hnmhealth.org or by mail to HHM Health PO Box 741524 Dallas, TX 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 Code: _____

Card #: _____ Expiration Date: _____ Security Code: _____

Cardholder's Signature: _____