



Levels of Giving & Benefits

\$100,000.00 – HERITAGE CIRCLE

- Three Preferred tables of 10 with preferential seating
- Limousine service to and from the event from Southeast Texas locations
- Full-page feature of your logo in the Gala Program
- Recognition on the Foundation's website

\$50,000.00 – LEGACY CIRCLE

- Two Preferred tables of 10 with preferential seating.
- Limousine service to and from the event from Southeast Texas locations
- Full-page feature of your logo in the Gala Program.
- Recognition on the Foundation's website

\$25,000.00 – CHAIRMAN'S CIRCLE

- Priority seating for a table of 10.
- Full-page feature of your logo in the Gala Program.
- Recognition on the Foundation's website

\$15,000.00 – PRESIDENT'S CIRCLE

- Preferred seating for a table of 10.
- Half-page feature of your logo in the Gala Program.
- Recognition on the Foundation's website

\$10,000.00 – VISIONARIES

- Preferred seating for a table of 8.
- Half-page feature of your logo in the Gala Program.

\$5,000.00 – BENEFACTOR

- Preferred seating for a table of 8.
- Listing in the Gala Program.

\$3,000.00 – PARTNERS

- Seating for a table of 8.

\$3,000.00 – SPECIAL FRIENDS

- 1/2 table (seating for 4).
- Plus inclusion in the Gala Program as a sponsor of one of the following: Decorations, Desserts, Dinner Music, Favors, Invitations, Photos, or Programs.

Table Reservations

Deadline for reservations: April 6, 2018

Mail form with your payment to CHRISTUS Southeast Texas Foundation – GALA Reservations, 2830 Calder St., Beaumont, TX 77702, fax to 409.236.8264, email to setx.foundation@christushealth.org, or purchase online at christussoutheasttexasfoundation.org

PLEASE LIST THOSE TO BE SEATED AT YOUR TABLE ON THE BACK OF THIS FORM

TABLE SEATING:

___ Heritage Circle (3 tables of 10).....\$100,000	___ Visionaries (table of 8)\$10,000
___ Legacy Circle (2 tables of 10)\$50,000	___ Benefactor (table of 8)\$5,000
___ Chairman's Circle (table of 10).....\$25,000	___ Special Friends (1/2 table, seats 4).....\$3,000
___ President's Circle (table of 10).....\$15,000	___ Partners (table of 8).....\$3,000

INDIVIDUAL SEATING:

___ Visionaries\$1,250 ___ Benefactor\$625 ___ Partners\$375

I am unable to attend, but would like to make a tax-deductible donation in the amount of \$ _____

___ Please invoice my company at the address below.

NAME _____

COMPANY _____

ADDRESS _____

CITY / STATE / ZIP _____

PHONE _____

EMAIL _____

☐ Please charge payment to:
American Express ☐ Discover ☐ MasterCard ☐ Visa ☐

CARD #: _____

EXP. DATE _____ AMOUNT _____

☐ Check enclosed for: \$ _____
Payable to: CHRISTUS Southeast Texas Foundation

☐ Matching Gift Form enclosed

CHRISTUS Southeast Texas Foundation

2830 Calder St., Beaumont, TX 77702 | christussoutheasttexasfoundation.org

Guest List

1. _____	7. _____
2. _____	8. _____
3. _____	President's Circle and Above (or with the purchase of extra seats):
4. _____	9. _____
5. _____	10. _____
6. _____	

There are no tickets issued for this event. Guest names are needed to facilitate check-in. Please send this form with your reservation.

If you do not yet have your guest list finalized at this time, please call **409.236.7555** or Fax **409.236.8264** with your list at least three days prior to the event!

Thank You!

Program Ad Purchase

Ad Deadline: April 6, 2018

NOTE: Ad purchase does not include Gala Tickets. Entire ad purchase is tax deductible.

AD OPTIONS:

___ Gold Page: COLOR, 4.5" w X 7.5" h\$5,000	___ Full-Page Ad: BLACK & WHITE, 4.5" w X 7.5" h\$1,000
___ Silver Page: COLOR, 4.5" w X 7.5" h.....\$2,500	___ Half-Page Ad: COLOR, 4.5" w X 3.68" h\$750
___ Full-Page Ad: COLOR, 4.5" w X 7.5" h.....\$1,500	___ Half-Page Ad: BLACK & WHITE, 4.5" w X 3.68" h\$500

NAME _____	<input type="checkbox"/> Please charge payment to:
COMPANY _____	American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/>
ADDRESS _____	CARD #: _____
CITY / STATE / ZIP _____	EXP. DATE _____ AMOUNT _____
PHONE _____	<input type="checkbox"/> Check enclosed for: \$ _____
EMAIL _____	Payable to: CHRISTUS Southeast Texas Foundation
	<input type="checkbox"/> Please invoice my company

ARTWORK REQUIREMENTS: PRINT-READY DIGITAL ART MUST BE PROVIDED BY ADVERTISER.

Email files to: setx.foundation@christushealth.org

Format: Print-ready files should be built to exact ad size, in CMYK or Grayscale, and saved as PDF, EPS, JPG or TIFF.

Images: Embedded images in CMYK or Grayscale, with a resolution of at least 170 dpi but not exceeding 300 dpi.

Fonts: Make sure all fonts are embedded or converted to outlines.