



DeWitt Medical Foundation Gala XV Sponsorship Agreement

Name _____

(Print name of business/organization/individuals how you prefer it to be listed for recognition purposes.)

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Please Check one of the following categories:

_____ **\$10,000+ Wildflower**

- ◆ 2 tables of 10 each at the Gala—premier, priority seating
- ◆ Prominent recognition: printed materials, programs, advertisements, website, social media, and at the event
- ◆ 10 complimentary tickets for the “Pick & Win Extravaganza”

_____ **\$5,000+ Sunflower**

- ◆ 1 table of 10 at the Gala—premier, priority seating
- ◆ Prominent recognition: printed materials, programs, advertisements, website, social media, and at the event

_____ **\$3,000+ Iris**

- ◆ 1 table of 8 at the Gala—premier, priority seating
- ◆ Recognition: printed materials, programs, advertisements, website, social media, and at the event

_____ **\$2,000+ Daisy**

- ◆ 4 tickets to Gala—reserved seating with table recognition
- ◆ Recognition: printed materials, programs, advertisements, website, social media, and at the event

_____ **\$750+ Bloom**

- ◆ 2 tickets to Gala—reserved seating with table recognition
- ◆ Recognition: printed materials, programs, advertisements, website, social media, and at the event

Please list the names of guests that will be seated at your sponsorship table: Each sponsorship package indicates the number of tickets/guests included (see left).

I will purchase individual Gala tickets at \$200 each. Number of tickets _____ Total \$ _____

I am unable to attend but would like to offer my tax-deductible donation of \$ _____

I would like to pre-purchase “Pick & Win Extravaganza” tickets.
Number of Tickets _____ Total \$ _____

Purchase tickets to drop into prize bins for a chance to win amazing items. Pre-event purchase Special: 15 tickets for \$100. (Tickets at the event will be 10 tickets for \$100). The more tickets you enter, the better your chances to win!

Find a complete list of items to win on our website at <https://www.cueroregionalhospital.org/foundation/gala-xv-2025/>

Enclosed is my check for \$ _____

Please charge my credit card:

Account # _____

Exp. Date _____ Security Code _____

Zipcode _____

Signature _____

Date _____ Phone _____

Return Form by March 31st, 2025 to:

DeWitt Medical Foundation

P.O. Box 872 Cuero, Texas 77954