



St. Jude Evening of Hope Gala  
Saturday, April 29, 2017 - Royal Sonesta Hotel

*2017 Sponsorship Opportunities*

**PERSONAL, CORPORATE OR FOUNDATION SPONSOR**

FIRM NAME/INDIVIDUAL \_\_\_\_\_ DATE \_\_\_\_\_

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PERSON TO RECEIVE ALL BENEFITS INCLUDING PARTY AND SPONSOR PARTY INVITATIONS

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**ST. JUDE CHILDREN'S RESEARCH HOSPITAL PRINTING AND PUBLICATIONS**

☐ I (We) prefer to be recognized in any printed material as:

☐ I (We) prefer NOT to be recognized in any printed materials.

☐ *Give to Live Sponsor* (\$30,000)

VIP Tables at Gala (20 Invitations)  
Hospital Tour in Memphis for Two (2)  
Sponsor Party (20 Invitations)  
Recognition in All Printed Materials and Website  
Full Page Color Ad in Program  
Speaking Opportunity at Gala  
Opportunity to Place Materials at Event  
Sponsor Gift

☐ *Life Saver Sponsor* (\$20,000)

VIP Tables at Gala (20 Invitations)  
Sponsor Party (20 Invitations)  
Recognition in All Printed Materials and Website  
Full Page Color Ad in Program  
Sponsor Gift

☐ *Healing Hope Sponsor* (\$10,000)

VIP Tables at Gala (12 Invitations)  
Sponsor Party (12 Invitations)  
Recognition in All Printed Materials and Website  
Half Page Color Ad in Program  
Sponsor Gift

☐ *Child's Dream Sponsor* (\$5,000)

VIP Table at Gala (10 Invitations)  
Sponsor Party (10 Invitations)  
Recognition in All Printed Materials and Website  
Half Page Color Ad in Program

☐ *Heart Song Sponsor* (3,500)

VIP Table at Gala (10 Invitations)  
Sponsor Party (10 Invitations)  
Recognition in All Printed Materials and Website

☐ *Angel's Wing Sponsor* (\$1,500)

Gala Invitations for Four (4)  
Sponsor Party (4 Invitations)  
Recognition in All Printed Materials and Website

☐ *Family and Friends Sponsor* (\$750)

Gala Invitations for Two (2)  
Sponsor Party (2 Invitations)  
Recognition in All Printed Materials and Website

☐ *Gala Table of 10* (\$2,500)

# of Tables \_\_\_\_\_ x \$2,500 = \_\_\_\_\_

☐ *Gala Ticket* (\$250)

# of Tickets \_\_\_\_\_ x \$250 = \_\_\_\_\_

St. Jude Children's Research Hospital is a qualified non-profit organization as defined under IRC Sec. 501(c)(3). Contributions are tax deductible to the extent allowed by law and are limited to the excess of your contribution over the fair market value of goods and services provided by this organization.

**PAYMENT INFORMATION**

This form can be submitted by mail, facsimile or by hand-delivery.

To protect your credit card information, do not submit this form electronically through email.

☐ **Checks** made payable to "ST. JUDE CHILDREN'S RESEARCH HOSPITAL" **CHECK #** \_\_\_\_\_ **Amount** \_\_\_\_\_

☐ **Charge** VISA MC DISCOVER AMEX **CARDHOLDER NAME** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

☐ **Online** with credit card at [www.stjude.org/houston](http://www.stjude.org/houston)

☐ **I AM UNABLE TO ATTEND, PLEASE ACCEPT MY TAX-DEDUCTIBLE DONATION IN THE AMOUNT OF \$** \_\_\_\_\_

FOR MORE INFORMATION CONTACT SUSANNAH CAUSEY AT 281.605.7600, FAX 281.605.7648

**—PAYMENT AND CONTRACT MUST BE RECEIVED BY Friday, March 31, 2017 TO BE INCLUDED IN THE PROGRAM—**

1535 West Loop South, Suite 240 • Houston, TX 77027 • [www.stjude.org/houston](http://www.stjude.org/houston)

White copy: St. Jude Yellow copy: Sponsor