



# Underwriting Contract

UNDERWRITING OPPORTUNITIES & TABLE RESERVATIONS  
25th ANNIVERSARY LUNCHEON AND FASHION SHOW  
SEPTEMBER 24, 2024 • BROOK HOLLOW GOLF CLUB

Donor's Name \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone: Home: (     ) \_\_\_\_\_ Office: (     ) \_\_\_\_\_

## SPONSORSHIP LEVELS

- |  |   |
|--|---|
| <p><input type="checkbox"/> <b>Runway</b> - \$25,000</p> <ul style="list-style-type: none"><li>• 2 Tables for Ten</li><li>• VIP Parking</li><li>• VIP Seating at Style Show</li><li>• 10 Patron Party Invitations</li><li>• Premier Table Placement</li><li>• Special recognition on all printed materials, event signage and media releases</li></ul> <p><input type="checkbox"/> <b>Couture</b> - \$10,000</p> <ul style="list-style-type: none"><li>• 1 Table for Ten</li><li>• VIP Parking</li><li>• Prominent Seating at Style Show</li><li>• 6 Patron Party Invitations</li><li>• Premier Table Placement</li><li>• Special recognition on all printed materials</li></ul> <p><input type="checkbox"/> <b>Designer</b> - \$5,000</p> <ul style="list-style-type: none"><li>• 1 Table for Ten</li><li>• Priority Seating at Style Show</li><li>• 2 Patron Party Invitations</li><li>• Priority Table Placement</li><li>• Special recognition on all printed materials</li></ul> | <p><input type="checkbox"/> <b>Red Carpet</b> - \$1,000</p> <ul style="list-style-type: none"><li>• 1 Individual Ticket to Luncheon</li><li>• Prominent Seating at Style Show</li><li>• 2 Patron Party Invitations</li><li>• Special recognition in program</li></ul> <p><input type="checkbox"/> <b>Patron</b> - \$500</p> <ul style="list-style-type: none"><li>• 1 Individual Ticket to Luncheon</li><li>• Preferred Seating at Style Show</li><li>• 1 Patron Party Invitations</li><li>• Special recognition in program</li><li>• Host Committee listing if received by May 30 _____</li></ul> <p><input type="checkbox"/> <b>In Honor of / In Memory of</b> \$ _____</p> <ul style="list-style-type: none"><li>• Honoree _____</li></ul> |
|--|---|

## PAYMENT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

- Enclosed is my check payable to KidneyTexas, Inc. for level \_\_\_\_\_
- Please charge my credit card (circle) Visa MC AMEX \_\_\_\_\_

Please print name as it appears on card \_\_\_\_\_

Card# \_\_\_\_\_ Exp.Date \_\_\_\_\_ SecurityCode \_\_\_\_\_ Signature \_\_\_\_\_

- I prefer for my gift to remain anonymous, waiving any name recognition in print or electronic materials.

Mail contract with your payment to KidneyTexas, Inc., 8215 Westchester, Suite 314B, Dallas, TX 75225 (214) 891-0896, kidneytexas@sbcglobal.net, www.kidneytexas.org

KidneyTexas, Inc. is a 501 (c)(3) corporation. Your contribution is tax-deductible to the extent allowable by law. Seating will be assigned based upon level of contribution and date of payment.

*Please make a copy for your records.*