



CHRISTUS SOUTHEAST TEXAS Foundation

37th ANNUAL GALA

starring KEITH URBAN

SATURDAY, APRIL 22, 2017 • 7:00 PM • BEAUMONT CIVIC CENTER • BLACK TIE

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 7, 2017

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:

Table with 2 columns: Seating Level and Price. Includes Heritage Circle, Legacy Circle, Chairman's Circle, President's Circle, Visionaries, Benefactor, and Special Friends.

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 Health Foundation SETX

___ Matching Gift Form enclosed

Guest List

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

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 7, 2017

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 Health Foundation SETX
	<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.