

# THE 40th ANNUAL GALA

FEATURING ENTERTAINMENT BY  
**Lady Antebellum**



## 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 3rd, 2020

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](mailto:setx.foundation@christushealth.org), or purchase online at [christussoutheasttexasfoundation.org](http://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

## Guest List

1. _____	7. _____
2. _____	8. _____
3. _____	<b>President's Circle and Above (or with the purchase of extra seats):</b>
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 3rd, 2020

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](mailto: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.