



A ROARING LaSoirée

Sponsorship Form

Saturday, January 27, 2018 ♦ 6:30 pm at the Beaumont Civic Center

1920's Formal or Black Tie

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ E-mail: _____

Phone Number: _____ Fax: _____

Reservations and Level of Giving (Please check one)

- | | | | |
|--|-----------|---|----------|
| <input type="checkbox"/> The Ritz | \$ 50,000 | <input type="checkbox"/> Black Tie | \$ 5,000 |
| <input type="checkbox"/> Waldorf - Astoria | \$ 25,000 | <input type="checkbox"/> Tuxedo | \$ 2,500 |
| <input type="checkbox"/> Top Hat & Tails | \$ 15,000 | <input type="checkbox"/> Attendee Tickets | |
| <input type="checkbox"/> White Tie | \$ 10,000 | Ticket(s) _____ | \$ 250 |

Enclosed is my check, payable to **Baptist Hospitals of Southeast Texas Foundation**

I am unable to attend, please accept my contribution of \$ _____

Please charge my credit card using the following information:

___ MasterCard ___ Visa ___ American Express ___ Discover

Credit Card Number: _____ Exp. Date: _____

Security Code (3 - 4 digit code located on the back of your card or
on the front of American Express cards): _____

Authorized Signature: _____ Print Name: _____

Fax to **409-212-6115**, e-mail to kimberly.moncla@bhset.net
or mail this form, along with your check or credit card information to:

Baptist Hospitals of Southeast Texas Foundation
3070 College Street, Suite 401, Beaumont, Texas 77701

Thank you for your generous support of Baptist Hospitals of Southeast Texas Foundation.

All donations are acknowledged for tax purposes.