



La Soirée

# A Venetian Masquerade

January 26, 2019  Beaumont Civic Center

  
**Baptist**  
Hospitals of Southeast Texas  
**FOUNDATION**  
*Performing Sacred Work Every Day*  




Dear Friends and Supporters –  
Journey with us along the Grand Canal to

# *La Soirée* *A Venetian Masquerade*

You are invited to join the revelry at the party of the year! Just dress in your best black and white ball attire and add a mask. You are now ready to experience Italy at its most festive. Authentic gourmet Venetian dishes by Bando's will be served in multiple courses. Entertainment throughout the evening will lead up to a performance by The Party Crashers. This high energy party band is a favorite and always brings plenty of fun and excitement!

Through the extreme generosity of the board, chairs, committee members, and supporters, the Baptist Hospitals of Southeast Texas Foundation has been able to assist the hospital with projects to serve Southeast Texas. In 2019, the event will benefit the Baptist Hospitals Cancer Program. Past Soirée galas have supported the creation of the Dauphin Women's Center, a makeover at the Julie and Ben Rogers Cancer Institute, and most recently underwrote equipment updates for the Neonatal Intensive Care Unit. Each project makes a huge difference in the lives of the patients and families served!

In addition, the foundation provides funding to meet patient needs. In pediatrics this includes coloring books, games and movies for the children. For Cancer patients this may involve meeting basic needs so that they may be able to continue treatment. All of these projects would not be possible without your support! Through your purchase of a table, tickets or through a donation, you join with us in the Sacred Work of Baptist Hospitals of Southeast Texas.

In Support of the Sacred Work of Baptist Hospitals,

Lisa and Kal Kincaid  
Event Chairs



# *La Soirée* *A Venetian Masquerade*

## **January 26, 2019** **Beaumont Civic Center – Levels of Giving & Benefits**

### **\$50,000**

Two (2) tables for 10 guests with VIP seating or  
seating arrangement of your choice  
Full page logo or feature in the La Soirée Program  
Limousine service to and from event, if requested  
Donor recognition gift ♦ A gift for each guest  
Waiter to attend to you and your guests during dinner

### **\$25,000**

One (1) table for 10 guests with VIP seating  
Full page logo or feature in the La Soirée Program  
Donor recognition gift ♦ A gift for each guest  
Waiter to attend to you and your guests during dinner

### **\$15,000**

One (1) table for 10 guests with premier seating  
Half page with logo in the La Soirée Program  
A gift for each guest

### **\$10,000**

One (1) table for 8 guests with premier seating  
Half page with logo in the La Soirée Program  
A favor for each guest

### **\$5,000**

One (1) table for 8 guests with prime seating  
Listing in the La Soiree Program at this Level  
A favor for each guest

### **\$2,500**

One (1) table for 8 guests  
Listing in the La Soiree Program at this Level  
A favor for each guest





# *La Soirée A Venetian Masquerade*

## **Sponsorship Form**

**Saturday, January 26, 2019 ♦ 6:30 pm at the Beaumont Civic Center**

***Black Tie***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

### **Reservations and Level of Giving (Please check one)**

☐ \$ 50,000

☐ \$ 5,000

☐ \$ 25,000

☐ \$ 2,500

☐ \$ 15,000

☐ Attendee Tickets

☐ \$ 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](mailto: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.