



La Soirée Fanta Sea



Sponsorship Form

Saturday, January 28, 2023 ♦ 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: _____

Register on line at www.bhsetfoundation.org, or 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.