

LA SOIREE 1.27.2024
LEVELS OF GIVING AND 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

Lower level tables and individual tickets will go on sale in the fall if any tables remain after pre-sale.



LA SOIREE SPONSORSHIP FORM
Saturday, January 27, 2024, 6:30 pm
@ 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)

- | | | | | | |
|--------------------------|-----------|--------------------------|-----------|--------------------------|-----------|
| <input type="checkbox"/> | \$ 50,000 | <input type="checkbox"/> | \$ 25,000 | <input type="checkbox"/> | \$ 15,000 |
| <input type="checkbox"/> | \$ 10,000 | <input type="checkbox"/> | \$ 5,000 | | |

- 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 online @ bhsetfoundation.org or e-mail form 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, TX 77701

Thank you for your generous support of
Baptist Hospitals of Southeast Texas Foundation.
All donations are acknowledged for tax purposes!

Committee Member who gave us the form: _____ (if applicable)