

LA SOIREE A Night at the Colosseum 1.27.2024
LEVELS OF GIVING AND BENEFITS

Rome \$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

Milan \$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

Venice \$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
Waiter to attend to you and your guests during dinner

Florence \$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

Naples \$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

Pisa \$2,500

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

Individual Tickets \$250

Underwriting Opportunities

Some Exclusive - Does Include listing in the program, does not include table

\$25,000

Also includes announcement from the stage

Band Sponsor
Atmosphere Sponsor

\$10,000

Reception Sponsor
Floral Sponsor

\$5,000

Dinner Hour Entertainment
Auction Sponsor
Photo Sponsor

\$2,500

Program Sponsor
Dessert Sponsor
Appetizer Station Sponsor
Registration Sponsor

\$1,000

Favor Sponsor
Coffee Bar Sponsor

\$500

Friend of the Event

Sorry, I can't make the event but please accept my donation of _____

Have questions? Please contact our office at 409.212.6113



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)

\$ 50,000 \$ 25,000 \$ 15,000

\$ 10,000 \$ 5,000 \$ 2,500

Sponsorship Name and Amount _____ (No Table)

Tickets - \$250 x # Tickets = _____

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 Olivia.Warner@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!