



El Centro de Corazón

Quality Health Care

17th Annual *Making a Difference* Luncheon
Wednesday, September 18, 2024
River Oaks Country Club, 11:15am-1:00pm

Chairperson: Vicky Dominguez
Honorary Chairpersons: Leisa Holland-Nelson Bowman and Leila Perrin
Community Honoree: Michele Leal Farah
Corporate Honoree: Comerica Bank

Organization or individual name: _____

(Please print name exactly as it should appear in all printed materials and reply by September 2, 2024 to be listed on invitation)

Address: _____

City/State/Zip: _____

Contact Person: _____ Phone: _____ Email: _____

Table Host: _____ Phone: _____ Email: _____

LEVELS OF SPONSORSHIP AND BENEFITS

- Title Sponsor** **\$20,000**
- 2 premier tables for 20 guests
 - Name and logo prominently displayed on the invitation and other related materials
 - Preeminent presence in all media advisories
 - Company name and logo shown on the El Centro website for a 12-month period
 - Premier visual and verbal recognition from the podium
 - Special gift commemorating the event
 - Free valet parking for you and your guests on the day of the event
 - A special thank you in a local Houston publication

- Healthy Child Sponsor** **\$5,000**
- Premium table for 10 guests
 - Company name shown on the El Centro website for a 12-month period
 - Recognition in invitation and program

- Lead Healthcare Sponsor** **\$15,000**
- Prominent table for 10 guests
 - Name and logo prominently displayed on the invitation and other related materials
 - Company name and logo shown on the El Centro website for a 12-month period
 - Prominent visual and verbal recognition from the podium
 - Free valet parking for you and your guests on the day of the event

- Healthy Life Sponsor** **\$3,000**
- Premium table for 10 guests
 - Recognition in invitation and program

- Healthy Family Sponsor** **\$10,000**
- Prominent table for 10 guests
 - Name and logo prominently displayed on the invitation and other related materials
 - Company name and logo shown on the El Centro website for a 12-month period

- Contributing Sponsor** **\$1,000**
- Preferred Seating for 2
 - Recognition in invitation and program
 - *Individual Tickets \$300 Preferred Seating for 1*



I am unable to attend but wish to make a contribution in honor of _____ in the amount of \$ _____

Enclosed is a check for \$ _____ made payable to "EL CENTRO DE CORAZÓN"

Please charge the amount of \$ _____ to (check one): ___ Amex ___ Visa ___ MC

Credit Card Number: _____ Exp. _____ CVV Code _____

Name on Card: _____ Billing Zip Code: _____

Please sign, retain a copy for your records, and return by mail to EL CENTRO DE CORAZÓN | P.O. Box 230209, Houston, TX 77223
If you have any questions or need more information, please contact Monica Moore at (832) 494-1637, mmoore@elcentrochc.org