

SPONSORSHIP OPPORTUNITIES

| | Miracle | Guardian | Champion | Hero | Patron | Benefactor | New! Healthcare Hero Host*** | Table Sponsor | Cocktail Table | Individual Tickets |
|---|-----------|-----------|-----------|-----------|--------------|--------------|------------------------------|---------------|----------------|----------------------------|
| Donation | \$25,000 | \$15,000 | \$10,000 | \$7,500 | \$5,000 | \$3,500 | \$3,000 | \$2,500 | \$1,250 | \$300 |
| Tickets | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 4 | 1 Seat at a table of 10 |
| Program ad* | Full page | Full page | Full page | Half page | Half page | Quarter page | Quarter page | Printed name | | |
| Logo on website | ✓ | ✓ | ✓ | ✓ | Printed name | Printed name | Printed name | | | |
| 10 tickets for Clara's Cantina | ✓ | ✓ | ✓ | ✓ | | | | | | |
| VIP valet parking | 5 | 3 | 1 | 1 | | | | | | |
| Recognition on video screen | Premium | Preferred | Preferred | ✓ | | | | | | |
| Tableside beverage service | ✓ | ✓ | ✓ | | | | | | | |
| Recognition on invitation** | ✓ | ✓ | | | | | | | | |
| Recognition on Donor Wall of Honor at DCH | ✓ | | | | | | | | | |

*Ad deadline is March 4; ** Deadline is Nov. 30, 2021; *** This table will be filled by hospital staff to enjoy courtesy of the donor.



Driscoll
Children's Hospital
Development Foundation

3533 S. Alameda St., Corpus Christi, Texas 78411
Phone: (361) 694-6419, Fax: (361) 808-2106
Email: Amy.McCoy@dchstx.org

You will receive confirmation of sponsorship/donation.





Fiesta de los Niños

Presented by



Benefiting
Driscoll Children's Hospital

March 26, 2022 | American Bank Center

Please select the level of sponsorship you would like to commit to:

- | | |
|--|---|
| <input type="checkbox"/> Miracle \$25,000 | <input type="checkbox"/> Guardian \$15,000 |
| <input type="checkbox"/> Champion \$10,000 | <input type="checkbox"/> Hero \$7,500 |
| <input type="checkbox"/> Patron \$5,000 | <input type="checkbox"/> Benefactor \$3,500 |
| <input type="checkbox"/> New! Healthcare Hero Host \$3,000 | <input type="checkbox"/> Table Sponsor \$2,500 |
| <input type="checkbox"/> Cocktail Table \$1,250 | <input type="checkbox"/> Individual Tickets \$300 |

I cannot attend but would like to donate: \$ _____

Organization/family name: _____

Contact name: _____ Title _____

Mail tickets to (address): _____

City: _____ Zip Code: _____ Phone: _____

Email: _____

Name to appear in program/table sign: _____

Please send an invoice Check enclosed

Credit card

Card number: _____ Exp: _____

Name on card: _____

Signature: _____

Or pay online at www.driscollchildrens.org/fiesta



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