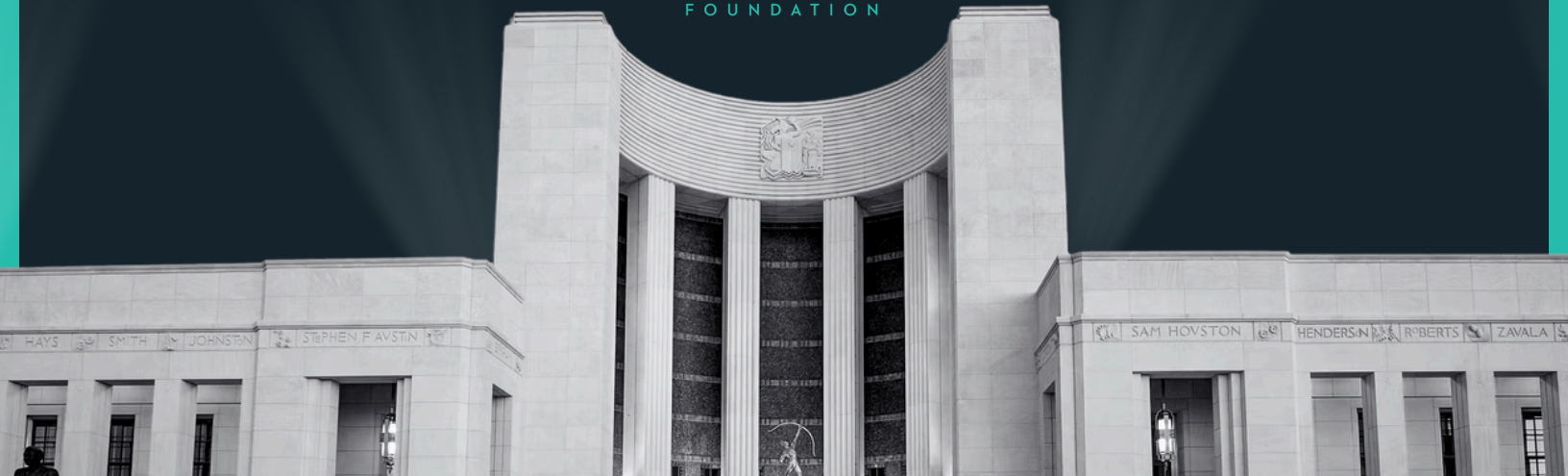




# THE JEWEL OF DALLAS GALA

## SPONSORSHIP FORM

Presented by:



## Sponsorship Level (Check Applicable Sponsorship):

- |                                                                    |                                                            |
|--------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Presenting Sponsor - \$20,000             | <input type="checkbox"/> Tree Planting Sponsor - \$5,000   |
| <input type="checkbox"/> Entertainment Sponsor - \$5,000           | <input type="checkbox"/> Winfrey Point Sponsor - \$3,000   |
| <input type="checkbox"/> Reception/VIP Sponsor - \$5,000           | <input type="checkbox"/> Boy Scout Hill Sponsor - \$3,000  |
| <input type="checkbox"/> Live and Silent Auction Sponsor - \$5,000 | <input type="checkbox"/> Program Sponsor - \$3,000         |
| <input type="checkbox"/> Welcome/Registration Sponsor - \$3,000    | <input type="checkbox"/> Photo Booth Sponsor - \$3,000     |
| <input type="checkbox"/> VIP Gift Sponsor - \$3,000                | <input type="checkbox"/> Valet Sponsor - \$2,000           |
| <input type="checkbox"/> Step and Repeat Sponsor - \$3,000         | <input type="checkbox"/> Table Host (Table of 8) - \$1,750 |
| <input type="checkbox"/> Paddle Raise Sponsor - \$2,000            | <input type="checkbox"/> Individual Ticket - \$250         |
| <input type="checkbox"/> Restaurant/Chef Sponsor - \$1,500         | <input type="checkbox"/> Donation Other- \$                |

Sponsor Name (as it should appear in promotional materials):

\_\_\_\_\_

Name of Contact Person:

\_\_\_\_\_

Address, City, ST, Zip

Primary Phone \_\_\_\_\_

Email \_\_\_\_\_ Does your employer have a matching program? Y/N

- Would you like to be listed on printed materials? (Y/N)
- I would like to be listed in printed materials as \_\_\_\_\_
- I would like to be mentioned on social media as (Instagram handle to mention): @ \_\_\_\_\_
- Please make checks payable to: The White Rock Lake Foundation (WRLF)  
PO Box 140277  
Dallas, TX 75214
- Please email me an invoice to (Address, City, ST, Zip) \_\_\_\_\_
- Please charge my (circle one): MC VISA AMEX DISCOVER
  - Card Number \_\_\_\_\_
  - Expiration Date \_\_\_\_/\_\_\_\_
  - CVV/Security Code \_\_\_\_\_
  - Billing Address (Address, City, ST, Zip): \_\_\_\_\_
  - Signature: \_\_\_\_\_

Please email completed form to [susan.falvo.sf@gmail.com](mailto:susan.falvo.sf@gmail.com)

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