

LEVELS OF GIVING AND BENEFITS

\$50,000 • Casablanca

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 • Citizen Kane

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 • The Wizard of Oz

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

\$10,000 • Sunset Boulevard

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 • Singin' in the Rain

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

\$2,500 • It's a Wonderful Life

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





The Golden Age of
HOLLYWOOD
LA SOIRÉE

SPONSORSHIP FORM
Saturday, January 25, 2025 • 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 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, Texas 77701

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