



The 4th Annual Gary Patterson Foundation
Benefit Reception & Auction
Tuesday, July 14, 2009

Company Name (as you wish listed in all materials)

Address

Contact Name

Email Address

Phone #

Fax #

Presenting Sponsor (\$5,000)

As a Presenting Sponsor, your company will receive the following benefits:

- Premium Sponsor Table for Ten (10) guests (reserved seating)
- Logo or Name on all Press Releases
- Logo or Name on event program
- Ten (10) tickets to VIP cocktail hour prior to event (6:00pm - 7:00pm)
- Ten (10) wristbands to Open Bar
- Cocktail table service by Joe T. Garcia's staff
- Recognition at Benefit Reception & Auction as Presenting Sponsor
- Premium Sponsor Gift

SPONSORSHIP FEE: \$5,000.00

Authorized by:

Name (Please Print)

Title

Signature

Date

Unfortunately, I am on the *Injured Reserve* list and will not be able to attend, but please accept my 100% tax-deductible contribution of \$_____.

Mail this form to: P.O. Box 101852, Fort Worth, TX 76185 OR Fax to: (702) 586-4157



Presenting Sponsor

Please list the names of the people designated for your table:

Seating is limited and reservation priority will be based on receipt of payment

1: _____

2: _____

3: _____

4: _____

5: _____

6: _____

7: _____

8: _____

9: _____

10: _____



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Company Name (as you wish listed in all materials)

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Table Sponsor (\$2,500)

As a Table Sponsor, your company will receive the following benefits:

- Sponsor Table for Ten (10) guests (reserved seating)
- Listing in the event program
- Ten (10) tickets to VIP cocktail hour prior to event (6:00pm - 7:00pm)
- Ten (10) wristbands to Open Bar
- Cocktail table service by Joe T. Garcia's staff
- Recognition at Benefit Reception & Auction as Presenting Sponsor
- Sponsor Gift

SPONSORSHIP FEE: \$2,500.00

Authorized by:

Name (Please Print)

Title

Signature

Date

Unfortunately, I am on the *Injured Reserve* list and will not be able to attend, but please accept my 100% tax-deductible contribution of \$_____.

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Table Sponsor

Please list the names of the people designated for your table:

Seating is limited and reservation priority will be based on receipt of payment

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Individual Tickets \$150 Each
Or \$250 per Couple

Name(s)

Address

Email Address

Phone #

Fax #

TOTAL TICKETS: _____

AMOUNT ENCLOSED: _____

Authorized by:

Name (Please Print)

Title

Signature

Date

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