



BENEFITING TEXAS CHILDREN'S HOSPITAL®  
FOOD ALLERGY PROGRAM



## UNDERWRITING LEVELS AND BENEFITS

### EXECUTIVE CHEF - \$20,000

*One sponsorship available*

- 15 tickets to the event
- Recognition as the 2020 Presenting Sponsor on all printed and electronic communication
- Recognition as the 2020 Presenting Sponsor prominently displayed on the website
- Special signage at the event
- Branding opportunity on event napkins
- Opportunity to give brief remarks during program as Presenting Sponsor
- Dinner for two at one of the participating restaurants (Estimated FMV: \$2,025)

### CHEF DE CUISINE - \$15,000

- Ten tickets to the event
- Recognition on all printed materials, event website and at event
- Logo featured prominently at the event
- Opportunity to provide a branded giveaway at the event
- Dinner for two at one of the participating restaurants (Estimated FMV: \$1,400)

### SOUS CHEF - \$10,000

- Ten tickets to the event
- Recognition on all printed materials, event website and at event
- Dinner for two at one of the participating restaurants (Estimated FMV: \$1,400)

### DEMI CHEF - \$5,000

- Five tickets to the event
- Recognition on all printed materials, event website and event signage (Estimated FMV: \$625)

### CHEF DE PARTIE - \$1,000

- Two tickets to the event
- Recognition on all printed materials, event website and at event (Estimated FMV: \$250)

### COMMIS CHEF - \$250

- One ticket to the event (Estimated FMV: \$125)

### DONATION - \$ \_\_\_\_\_

I do not wish to receive any of the benefits offered at my giving level.

Name\* \_\_\_\_\_

*(As it should appear in printed materials\*)*

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Texas Children's Hospital will detach and shred this portion immediately after payment is processed.

Enclosed please find my check made payable to TEXAS CHILDREN'S HOSPITAL in the amount of \$ \_\_\_\_\_.

Please charge my  Visa  MasterCard  AMEX  Discover in the amount of \$ \_\_\_\_\_.

Card No. \_\_\_\_\_ Exp. \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

*DAF – Texas Children's Hospital will gladly accept event donations from a donor-advised fund; however, per IRS requirements, all offered benefits must be waived.*

For more information or to register online: [texaschildrens.org/cooking](http://texaschildrens.org/cooking)

**Anyoleth Sanchez, Office of Philanthropy • (832) 826-5412 or [cooking@texaschildrens.org](mailto:cooking@texaschildrens.org)  
1919 South Braeswood Blvd., Suite 5214 • Houston, Texas 77030**

\*Donor grants TCH the right, without charge, to use the name, likeness, and/or image of the Donor in photographic, paper audiovisual, digital or any other form of medium (the "Media Materials") and to use, reproduce, distribute, and publish the Media Materials in any manner, including brochures, website postings, marketing materials, and publications describing TCH's development and business activities.

**To have your name removed from our lists, please call 832-824-6917 or email [optout@texaschildrens.org](mailto:optout@texaschildrens.org)**