



BENEFITING TEXAS CHILDREN'S HOSPITAL\*  
FOOD ALLERGY PROGRAM

Food Allergy Program  
at



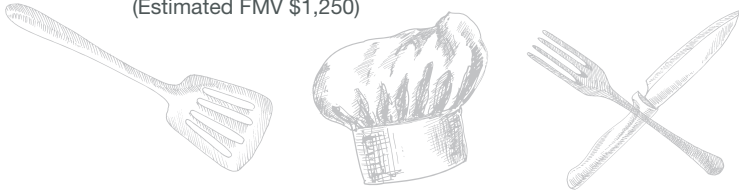
**UNDERWRITING LEVELS AND BENEFITS**

**EXECUTIVE CHEF - \$15,000**

- Ten tickets to the event
- Recognition on all printed materials, event website and event signage
- Branding opportunity on event napkins
- Private daytime cooking class for 10 guests from Smartinthekitchen in her Tanglewood kitchen or your own
- Invitation for two to a lunch or dinner with the doctors to hear about the latest Texas Children's Food Allergy Program developments
- Dinner for two at one of the participating restaurants (Estimated FMV \$1,250)

**SOUS CHEF - \$10,000**

- Ten tickets to the event
- Recognition on all printed materials, event website and event signage
- Invitation for two to a lunch or dinner with the doctors to hear about the latest Texas Children's Food Allergy Program developments
- Dinner for two to one of the participating restaurants (Estimated FMV \$1,250)



**DEMI CHEF - \$5,000**

- Ten tickets to the event
- Recognition on all printed materials, event website and event signage
- Invitation for two to a lunch or dinner with the doctors to hear about the latest Texas Children's Food Allergy Program developments (Estimated FMV \$1,250)

**PATISSIER - \$1,000**

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

**COMMI CHEF - \$250**

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

**UNABLE TO ATTEND** but please accept my

donation in the amount of \$ \_\_\_\_\_ .

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

Signature \_\_\_\_\_

*(Required for tax deduction purposes)*

NAME \_\_\_\_\_

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

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

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 \_\_\_\_\_

\*The above named individuals agree to grant TCH the right, without charge, to photograph and use their names, likeness, images and/or logo in photographic, audiovisual, digital or any other form of medium (the "Media Materials") and to use, reproduce, distribute, exhibit, and publish the Media Materials in any manner and in whole or in part, including in brochures, website postings, informational and marketing materials, and reports and publications describing TCH's development and business activities.

*Texas Children's Hospital is a 501(c)(3) non-profit organization.*

*The difference between the amount of your payment and the amount of goods and services received may be deductible as a charitable contribution.*

For more information or to register online: [waystogive.texaschildrens.org/cooking-up-a-cure](http://waystogive.texaschildrens.org/cooking-up-a-cure)  
**Eric Blackwell, Office of Philanthropy • (832) 824-2124 or [exblackw@texaschildrens.org](mailto:exblackw@texaschildrens.org)**  
**1919 South Braeswood Blvd. • Suite 5214, Houston, Texas 77030**

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