



BENEFITING TEXAS CHILDREN'S HOSPITAL*
FOOD ALLERGY PROGRAM

Food Allergy Program
at



UNDERWRITING LEVELS AND BENEFITS

EXECUTIVE CHEF - \$20,000

- Only one exclusive sponsorship opportunity
- 15 tickets to the event
- Recognition as the 2019 Presenting Sponsor on all printed and electronic communication
- Recognition as the 2019 Presenting Sponsor prominently displayed on the website
- Special signage at the event
- Branding opportunity on event napkins
- Opportunity to speak at the event
- 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 \$2,325)

CHEF DE CUISINE - \$15,000

- Ten tickets to the event
- Recognition on all printed materials, event website, and event signage
- Logo featured prominently at the event
- Opportunity to provide a branded giveaway at the event
- 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 \$1,450)

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 at one of the participating restaurants (Estimated FMV \$1,450)

DEMI CHEF - \$5,000

- Five 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 \$675)

CHEF DE PARTIE - \$1,000

- Two tickets to the event
- Recognition on all printed materials, event website and event signage (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 _____

For more information or to register online: waystogive.texaschildrens.org/cooking-up-a-cure
Eric Blackwell, Office of Philanthropy • (832) 824-2124 or exblackw@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