

AN *Evening* WITH  
★ NBA LEGEND ★  
**SHAQUILLE O'NEAL**  
Benefiting Texas Children's Cancer Center

Presented by



## SPONSOR OPPORTUNITIES

### **\$100,000 – MVP**

- Two premier reserved tables of 12 for 24 guests
- 24 invitations to an exclusive reception with Shaquille O'Neal
- Photo opportunity for 24 guests with Shaquille O'Neal (*two guests per photograph*)
- Name listing on *An Evening with a Legend* donor wall located in Texas Children's Cancer Center
- 18 VIP valet parking passes
- Invitation to the Legends Children's Party in Spring 2018
- Recognition on ballroom video screens
- Name listing in all printed materials and on event website
- Commemorative gift

*Estimated fair market value: \$3,145*

### **\$75,000 – HALL OF FAME**

- Two reserved tables of 10 for 20 guests
- 20 invitations to an exclusive reception with Shaquille O'Neal
- Photo opportunity for 10 guests with Shaquille O'Neal (*two guests per photograph*)
- Name listing on *An Evening with a Legend* donor wall located in Texas Children's Cancer Center
- 10 VIP valet parking passes
- Invitation to the Legends Children's Party in Spring 2018
- Recognition on ballroom video screens
- Name listing in all printed materials and on event website
- Commemorative gift

*Estimated fair market value: \$2,625*

### **\$50,000 – ALL-STAR**

- One reserved table for 12 guests
- 12 invitations to an exclusive reception with Shaquille O'Neal
- Photo opportunity for eight guests with Shaquille O'Neal (*two guests per photograph*)
- Name listing on *An Evening with a Legend* donor wall located in Texas Children's Cancer Center
- Six VIP valet parking passes
- Invitation to the Legends Children's Party in Spring 2018
- Recognition on ballroom video screens
- Name listing in all printed materials and on event website
- Commemorative gift

*Estimated fair market value: \$1,585*

### **\$25,000 – NOTHING BUT NET**

- One reserved table for 10 guests
- 10 invitations to an exclusive reception with Shaquille O'Neal
- Photo opportunity for six guests with Shaquille O'Neal (*two guests per photograph*)
- Name listing on *An Evening with a Legend* donor wall located in Texas Children's Cancer Center
- Five VIP valet parking passes
- Invitation to the Legends Children's Party in Spring 2018
- Recognition on ballroom video screens
- Name listing in all printed materials and on event website
- Commemorative gift

*Estimated fair market value: \$1,325*

### **\$15,000 – SLAM DUNK**

- One reserved table for 10 guests
- 10 invitations to an exclusive reception with Shaquille O'Neal
- Photo opportunity for four guests with Shaquille O'Neal (*two guests per photograph*)
- Invitation to the Legends Children's Party in Spring 2018
- Recognition on ballroom video screens
- Name listing in all printed materials and on event website
- Commemorative gift

*Estimated fair market value: \$1,325*

### **\$10,000 – ALLEY-OOP**

- One reserved table for 10 guests
- Invitation to the Legends Children's Party in Spring 2018
- Recognition on ballroom video screens
- Name listing in all printed materials and on event website
- Commemorative gift

*Estimated fair market value: \$1,300*

### **\$5,000 – JUMP SHOT *Limited availability***

- One reserved table for 10 guests
- Recognition on ballroom video screens
- Name listing in all printed materials
- Commemorative gift

*Estimated fair market value: \$1,300*

### **\$500 – LAY UP *Limited availability***

- One reserved seat
- Commemorative gift

*Estimated fair market value: \$130*

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## RESPONSE FORM

**MONDAY, APRIL 9, 2018**

*Marriott Marquis Houston*

*Yes*, I would like to attend *An Evening with NBA Legend Shaquille O'Neal* at the following level:

**MVP**  
**\$100,000**

**HALL OF FAME**  
**\$75,000**

**ALL-STAR**  
**\$50,000**

**NOTHING BUT NET**  
**\$25,000**

**SLAM DUNK**  
**\$15,000**

**ALLEY-OOP**  
**\$10,000**

**JUMP SHOT**  
**\$5,000 *Limited availability***

**LAY UP**  
**\$500 *Limited availability***

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

\* Name or company name as it should appear in printed materials

Contact name

Address

City

State

ZIP

Daytime phone

Fax

Email

### PAYMENT OPTIONS

- My enclosed check is payable to *Texas Children's Hospital*.  
 My company's matching gift form is enclosed.

### PLEASE CHARGE MY:

- Master Card    AMEX    Visa    Discover

Card number

Exp. date

Authorized signature

Date

**DONATION ONLY:** I do not wish to accept any of the benefits offered at my giving level. (*Please sign below to affirm that you will take no benefits.*) *Signature required for tax-deduction purposes.*

\*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.

**PLEASE RESPOND BY MARCH 1 TO BE INCLUDED IN PRINT MATERIALS**



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