Cooking Up A CURE benefitting Food Allergy Program at Texas Children's Hospital®

Texas Children's Hospital®

Underwriting Levels and Benefits

☐ Executive Chef - $25,000 $2,325 FMV*

- Only exclusive sponsorship opportunity 15 tickets to the event
- Recognition as the 2024 Presenting Sponsor on all printed and electronic communication
- Recognition as the 2024 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 Texas Children's Physicians about the latest Food Allergy Program developments
- Dinner for two at one of the participating restaurants

☐ Chef de Cuisine - $15,000 $1,450 FMV*

- 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 Texas Children's Physicians about the latest Food Allergy Program developments
- Dinner for two at one of the participating restaurants

☐ Sous Chef - $10,000 $1,450 FMV*

- Ten tickets to the event
- Recognition on all printed materials, event website and event signage
- Invitation for two to a lunch or dinner with Texas Children's Physicians about the latest Food Allergy Program developments
- Dinner for two at one of the participating restaurants

☐ Demi Chef - $5,000 $675 FMV*

- Five tickets to the event
- Recognition on all printed materials, event website and event signage
- Invitation for two to a lunch or dinner with Texas Children's Physicians about the latest Food Allergy Program developments

☐ Chef de Partie - $1,000 $250 FMV*

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

☐ Chef de Partie - $275 $125 FMV*

- One ticket to the event

*Estimated fair market value

For more information or to register online: **texaschildrens.org/cooking**
Michelle Frankfort, Office of Philanthropy • 832-824-4851 or mxfrankf@texaschildrens.org
1919 South Braeswood Blvd., Suite 6226 · 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

☐ Donation $ _____

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

Payment

☐ With a check payable to Texas Children's Hospital

☐ By charging $_____ to my ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Name on card _____

Billing address _____

City _____ State _____ ZIP _____

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

Card Number _____ Exp. Date _____

Signature _____

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