



SPONSORSHIP OPPORTUNITIES

All sponsors will receive: Recognition on printed event program and Donor Wall located in CHRISTUS Santa Rosa Hospital - San Marcos. **Deadline to be included in printed material/signage is March 20, 2026.** Please email logos in an EPS or PNG file to jerilyn.miller@christushealth.org.

Presenting
Sponsor



Helping Here

<input type="checkbox"/>	Presenting Sponsor SOLD	Name prominently listed on foundation website, presentation screen and verbal recognition as Presenting Sponsor; one full page ad with logo in printed program; private meet and greet with entertainment; two tables with preferred seating for sixteen (16) guests; opportunity to include company identifying gift at each place setting; Recognition in all pre and post event material	\$25,000
<input type="checkbox"/>	Platinum Sponsor	One table of eight (8) with preferred seating; logo recognition on video presentation and event program, mobile bidding website, meet and greet with entertainment	\$10,000
<input type="checkbox"/>	Gold Sponsor	One table of eight (8) with preferred seating; logo on auction mobile bidding website, video presentation and logo in event program	\$7,500
<input type="checkbox"/>	Silver Sponsor	One table of eight (8) with preferred seating, video presentation and logo in event program	\$5,000
<input type="checkbox"/>	First Responders Table Underwriter	One table of eight (8) to underwrite the attendance of first responders. Listed on on video presentation and logo in event program	\$5,000
<input type="checkbox"/>	Bronze Sponsor	One table of eight (8); company listed in event program	\$2,500
<input type="checkbox"/>	VIP Ticket	One ticket and meet and greet with entertainment	\$550
<input type="checkbox"/>	Individual Ticket	One ticket	\$250
<input type="checkbox"/>	Honor A First Responder	One ticket for a first responder	\$250

☐ I cannot attend at this time, but would like to make a donation: \$ _____

Commitment Form

Sponsorship Level/Gift Amount: \$ _____

Company/name to be printed on gala materials: _____

Contact Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Email: _____

Names of attendees for eight (8) person table:

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Please mail your completed form with method of payment to:
CHRISTUS Santa Rosa San Marcos Foundation, P.O. Box 912, San Marcos, Texas 78667 or
email to jerilyn.miller@christushealth.org.

METHOD OF PAYMENT

☐ CHECK payable to CHRISTUS Santa Rosa San Marcos Foundation is enclosed.

☐ CREDIT CARD \$ _____
To make your payment via credit card, visit
christus.io/CSRSFoundation

☐ SEND ME AN INVOICE

If you have any questions email jerilyn.miller@christushealth.org or contact
the Foundation office at 512.753.3687.

