

• Exclusive promotional opportunities, to be developed jointly, to showcase your generosity to a wider audience • Prominent table for 12 guests • VIP reception • Premium champagne served at table • Place cards for guests • Logo in print materials and on website • Verbal recognition during the event • Complimentary valet • Two Smithsonian Family Max Memberships to The Health Museum	Prominent table for 12 guests  VIP reception  Premium champagne served at table  Place cards for guests  Name in print materials and on website  Verbal recognition during the event  Complimentary valet  One Smithsonian Family Max Membership to The Health Museum		<ul> <li>Prominent table for</li> <li>VIP reception</li> <li>Name in print mate</li> <li>Verbal recognition</li> <li>Complimentary va</li> <li>One Family Memb</li> <li>The Health Museu</li> </ul>	<ul> <li>\$15,000</li> <li>Prominent table for 10 guests</li> <li>VIP reception</li> <li>Name in print materials</li> <li>Verbal recognition during the event</li> <li>Complimentary valet</li> <li>One Family Membership to The Health Museum</li> </ul>	
□ \$10,000	□ \$5.000 -		□ \$1,000 ···		
<ul> <li>Table for 10 guests</li> <li>VIP reception</li> <li>Name in print materials</li> <li>Complimentary valet</li> <li>One Dual Membership to The Health Museum</li> </ul>	<ul> <li>Table for 8 guests</li> <li>Name in print materials</li> <li>Complimentary valet</li> </ul>		One VIP ticket		
Underwriting Levels	<b>DÉCOR</b> \$5,000 4 VI	D.T. deede	UNDERWRITER REVIEW	ITO	
PRINT \$15,000 8 VIP Tickets BAR \$10,000 6 VIP Tickets ENTERTAINMENT \$5,000 4 VIP Tickets	AUCTION \$5,000 4 VII Tickets  VALET \$3,000 2 VIP Tickets  PHOTOGRAPHY \$3,000 2 VIP Tickets		<ul> <li>VIP Reception</li> <li>Name in print materials</li> <li>Complimentary valet</li> </ul>		
Contact Name		Name (as you would like it to appear in printed materials)			
Address	-	City	State Zip C	Code	
Phone Number	Email				
Please charge my credit card ☐ Visa ☐ Maste	erCard □ AMEX □ Disco	ver <b>or</b>	a check made payable to <b>The Hea</b> to attend but ke a donation Amount \$ d me an invoice	Ith Museum	
Card Number			Security Code Ex	piration Date	
Name on Card		Peggy RI Senior Di prhoads 713-337-	Please return completed form to Peggy Rhoads Senior Director of Development prhoads@thehealthmuseum.org 713-337-8441		
Signature	- Jan 1		t <u>payment online</u> spond by August 15 <sup>th</sup>		

to be included in the invitation