



Name: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ Email: _____

Please acknowledge me in the invitation as* _____

UNDERWRITER OPPORTUNITIES*
I would like to support CarePartners at the following level:

_____ **SWEET CONNOISSEUR – \$50,000**
• Company logo/name recognition in invitation and program and listing in all event-related material
• Special recognition during program
• Social media recognition

_____ **SWEET FEAST – \$10,000**
• Company logo/name recognition in program
• Social media recognition

_____ **SWEET AFICIONADO – \$25,000**
• Company logo/name recognition in program and listing in all event-related material
• Social media recognition

_____ **SWEET SAMPLER – \$5,000**
• Company logo/name recognition in program
• Social media recognition

_____ **SWEET GOURMET – \$15,000**
• Company logo/name recognition in program and listing in all event-related material
• Social Media recognition

_____ **SWEET TREAT – \$2,500**
• Company logo/name recognition in program
• Social media recognition

**Company logo/name recognition in invitation if RSVP received by March ____, 2021.*

INDIVIDUAL SUPPORT

_____ **SWEET TRUFFLE – \$250**

Other Donation \$ _____

My gift is in honor/memory of: _____

Please notify: Name: _____

Address: _____ City: _____ State: _____ Zip: _____



Enclose check payable to CarePartners
(For online credit card payment: _____)

For additional information please contact tbreaux@carepartnerstexas.org

713-682-5995 x 210

CarePartners • 701 North Post Oak Road, Suite 330 • Houston, Texas 77024

CarePartners is a 501 (c)(3) tax exempt organization. The estimated fair market value per person is \$0.