



27th Annual Gala

Presented by

The Board of Directors

of

Houston Children's Charity

Honoring

Jana & Richard Fant

on

Saturday, October 19, 2024

at The Post Oak Hotel at Uptown Houston

6:30 PM Cocktail Reception

7:30 PM Invocation & Dinner

Name(s) _____

AS YOU WOULD LIKE IT TO APPEAR IN PRINT

Company/Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-Mail _____

Contact Name (if applicable) _____

** Please make checks payable to **Houston Children's Charity**
1600 West Loop South, Suite 610 Houston, Texas 77027
Office: 713-524-2878 laura@houstonchildrenscharity.org

www.houstonchildrenscharity.org Houston Children's Charity is a 501(c)(3) organization.
Thank you for your generous support.

Please accept my commitment for one of the following tables or ticket levels.

\$100,000 PHILANTHROPIST
Table for 12 – 1st Tier Premium Seating
4 Underwriter Party tickets
Table Host invitations to the VIP reception (Photo Op included)

\$75,000 UNDERWRITERS
Table for 12 – 1st Tier Premier Seating
4 Underwriter Party tickets
Table Host invitations to the VIP reception (Photo Op included)

\$50,000 BENEFACTORS
Table for 12 – 1st Tier Reserved Seating
4 Underwriter Party tickets
Table Host invitations to the VIP reception (Photo Op included)

\$35,000 PATRONS
Table for 12
2 Underwriter Party tickets
Table Host invitations to the VIP reception (Photo Op included)

REGRETFULLY, I will not be able to attend. Please accept my donation of \$ _____
In honor of _____ In memory of _____

ALL LEVELS will receive notable recognition in invitation, program, HCC newsletter, and web page.

** For all sponsorship opportunities, the benefit to include your logo and/or name in print materials can only be fulfilled if commitment and correct files are received by printing

\$25,000 BESTOWERS
Table for 10
2 Underwriter Party tickets

\$15,000 SPONSORS
Table for 10
2 Underwriter Party tickets
[Limited amount of tables available](#)

\$10,000 CONTRIBUTORS
Table for 10
2 Underwriter Party tickets
[Limited amount of tables available](#) **SOLD OUT**

HELPING HANDS Individual Tickets # _____
 ~~\$1,000~~ \$1,500 \$2,500 \$5,000
[Limited amount of seats available](#)

SOLD OUT

Title Sponsors



PORSCHE
Porsche River Oaks



PORSCHE
WEST HOUSTON

PAYMENT METHOD

Enclosed is a check in the amount of _____

Please send me an invoice for _____

Please charge \$ _____ to my

Visa Master Card Am Express

Name on Card _____

Card Number _____

Exp. Date _____ CVV _____ Billing Zip Code _____

Signature _____