

## El Centro de Corazón Quality Health Care

16<sup>th</sup>Annual *Making a Difference* Luncheon

Friday, September 22, 2023 Hotel ZaZa, 11:15am-1:00pm

Chairpersons: Kelli Cohen Fein, M.D. and Barbara Van Postman Honorary Chairpersons: Leisa Holland-Nelson Bowman and Leila Perrin Community Honoree: Dr. Sippi Khurana Corporate Honoree: Chamberlain Hrdlicka

Organization or individual name:				
(Please print name legibly and exactly as it should	l appear in all printed m	aterials and reply by Aug	gust 10 to be listed on invitation	ו )
Address:				
City/State/Zip:				
Contact Person:	Phone:		:Email:	
Table Host:	Phone		Email:	
LEVELS C	OF SPONSORS	HIP AND BENEF	TITS	
<ul> <li>Title Sponsor</li> <li>2 premier tables for 20 guests</li> <li>Name and logo prominently displayed on the irrelated materials</li> <li>Preeminent presence in all media advisories</li> <li>Company name and logo shown on the El Cert 12-month period</li> <li>Premier visual and verbal recognition from the</li> <li>Special gift commemorating the event</li> <li>Free valet parking for you and your guests on</li> <li>A special thank you in a local Houston publication</li> </ul>	ntro website for a podium the day of the event	for a 12-month	e for 10 guests ne shown on the El Centro webs	<b>\$5,000</b>
<ul> <li>Lead Healthcare Sponsor</li> <li>Prominent table for 10 guests</li> <li>Name and logo prominently displayed on the i related materials</li> <li>Company name and logo shown on the El Cen 12-month period</li> </ul>	ntro website for a	<ul> <li>Healthy Life Sp</li> <li>Premium table for</li> <li>Recognition in in</li> </ul>		\$3,000
<ul> <li>Prominent visual and verbal recognition from t</li> <li>Free valet parking for you and your guests on event</li> </ul>	the day of the	Contributing S Preferred Seatin Recognition in in	•	\$1,000
<ul> <li>Healthy Family Sponsor</li> <li>Prominent table for 10 guests</li> <li>Name and logo prominently displayed on the i related materials</li> <li>Company name and logo shown on the El Cen 12-month period</li> </ul>		*Individual tickets to be sold at a later date		
m unable to attend but wish to make a contribution in h		in the amo	ount of \$	SCAN P
Enclosed is a check for \$made payat				
Please charge the amount of \$to (check Credit Card Number:	,		CVV Coo	0
Credit Card Number:		Exp		le

Please sign, retain a copy for your records, and return by mail to EL CENTRO DE CORAZÓN | P.O. Box 230209, Houston, TX 77223 If you have any questions or need more information, please contact Monica Moore at 713-660-1880 ext.1433, mmoore@elcentrochc.org