



Contact Name: _____
Donor Name (Exactly as it is to appear in printed materials): _____

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

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Please check your level of participation:

♥ **Presenting Sponsor (\$25,000 and above)**

- 2 tables of 10 at Brunch, premier seating (20 guests)
- 20 invitations to underwriters' event, featuring live auction
- 20 invitations to Snag the Bag preview party- early entry at 9:00am (event day)
- 20 raffle tickets
- Name recognition in invitation, program, event signage and media releases

- 10 invitations to Snag the Bag preview party- early entry at 9:00am (event day)
- Name recognition in invitation, program, event signage and media releases

♥ **The Birkin Bag (\$15,000 and above)**

- 2 tables of 10 at Brunch, premier seating (20 guests)
- 20 invitations to underwriters' event, featuring live auction
- 20 invitations to Snag the Bag preview party- early entry at 9:00am (event day)
- 10 raffle tickets
- Name recognition in invitation, program, event signage and media releases

♥ **The Tote Bag (\$1,800 and above)**

- 1 table of 10 at the Brunch (10 guests)
- Name recognition in invitation, program, event signage and media releases

♥ **The Hobo Bag (\$10,000 and above)**

- 1 table of 10 at Brunch, premium seating (10 guests)
- 10 invitations to underwriters' event, featuring live auction
- 10 invitations to Snag the Bag preview party- early entry at 9:00am (event day)
- 10 raffle tickets
- Name recognition in invitation, program, event signage and media releases

♥ **Individual Ticket (\$180)**

PAYMENT INFORMATION:

Payable to **Heroes for Children**

Total amount due \$ _____

- Check # _____
- Visa MasterCard AMEX Discover

Card Number _____ Exp. Date _____

Name on card _____ 3 digit security code on back _____

Signature _____

- I (We) request that this gift remain anonymous.
- I (We) decline all benefits.
- Only the contribution in excess of the benefit package value is deductible as charitable contribution unless all benefits are declined.*
- I (We) can not attend. Please accept our donation \$ _____

Underwriter's Signature _____ Date _____

Invitations will be mailed February 24, 2009, based on availability. All reservations are held at the door.

Return form along with your payment to:

Heroes for Children

Attn: Larissa Linton

1701 North Collins, Suite 240

Richardson, TX 75080

(214) 256-5824 • fax (972) 437-1443 • www.heroesforchildren.org

EIN 83-0489882

Heroes for Children provides financial and social assistance to families, within the state of Texas, with children (0-22 years of age) battling cancer.

Please keep a copy for your records.