



2020 Luncheon

Co-Chairmen

Monica & Benjamin Berg  
Stephanie & Ryan Fleck  
Jordan & Dylan Seff

Friday, April 17, 2020 | 11:30 AM | River Oaks Country Club

Honorary Chairman

Spencer Tillman

### Table Partnerships

- |   |  |
|---|--|
| <p><input type="radio"/> <b>Presenting Partner</b>                      <b>\$25,000</b><br/>Premier seating for one table of 10<br/>Full-page color acknowledgement in the program<br/>Recognition as Presenting Partner on event materials<br/>Recognition on COCI website with hyperlinked logo</p> <hr/> <p><input type="radio"/> <b>Platinum Partner</b>                      <b>\$15,000</b><br/>Priority seating for one table of 10<br/>Recognition on all marketing collateral<br/>Acknowledgement on COCI website</p> <hr/> <p><input type="radio"/> <b>Gold Partner</b>                      <b>\$10,000</b><br/>Priority seating for one table of 10<br/>Recognition on invitation, program, and event signage<br/>Acknowledgement on COCI website</p> | <p><input type="radio"/> <b>Silver Partner</b>                      <b>\$ 7,500</b><br/>One table of 10<br/>Recognition on invitation, program, and event signage</p> <hr/> <p><input type="radio"/> <b>Bronze Partner</b>                      <b>\$ 5,000</b><br/>One table of 10<br/>Recognition on invitation, program, and event signage</p> <hr/> <p><input type="radio"/> <b>Copper Partner</b>                      <b>\$ 2,500</b><br/>One table of 10<br/>Recognition on invitation, program, and event signage</p> <hr/> <p><input type="radio"/> <b>Sponsor Couple</b>                      <b>\$ 1,000</b></p> <hr/> <p><input type="radio"/> <b>Individual Ticket</b>                      <b>\$ 250</b></p> |
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### Payment Information

This is a     personal gift                       corporate gift

Please make my gift in  honor  memory of: \_\_\_\_\_

I/We are unable to attend but wish to make a donation in the amount of \$\_\_\_\_\_.

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
*(As you would like it to appear in print)*

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Enclosed is a check payable to *Cherish Our Children Inc* in the amount of \$\_\_\_\_\_.

Please charge my credit card:     MasterCard     Visa     American Express     Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
*(If different from above)*

Signature: \_\_\_\_\_

For additional information or to submit your form, please contact us at [marissa@cherishourchildren.org](mailto:marissa@cherishourchildren.org)  
Please return by **Friday, February 7, 2020** to be recognized in the program to  
**Cherish Our Children Inc, P.O. Box 79457, Houston, TX 77279-9457**