CHRISTUS SPOHN HEALTH SYSTEM

LYCEUM

Sponsorship Form – Paul Ryan, Guest Speaker – March 31, 2025

❑ **Black Gold Sponsor $100,000** Full page ad in invitation and in event program, name/logo prominently displayed at event, two seats at the Speaker's Table, two premier tables for ten (20 seats), two reserved VIP parking spots, photo with speaker tickets (10 tickets - limit two people per photo).

❑ **Presenting Sponsor $50,000** Name/Logo prominently placed in invitations, in event program and at event, two seats at the Speaker's Table, two premier tables for ten (20 seats), photo with speaker tickets (10 tickets - limit two people per photo).

❑ **Diamond Sponsor $25,000** Prominent recognition placed in invitations, in event program and at event, one prominent table for ten, photo with speaker tickets (5 - limit two people per photo).

❑ **Platinum Sponsor $10,000** Prominent recognition placed in invitations, in event program and at event, one prominent table for ten, photo with speaker tickets (3 - limit two people per photo).

❑ **Gold Sponsor $5,000** Prominent recognition placed in invitations, in event program and at event, one table for ten, photo ticket with speaker tickets (one - limit two people per photo).

❑ **Edwin Singer Speaker's Fund Donation $_____** Includes recognition in the program.

❑ **$500 x _____ Individual Ticket(s)** to dinner and reception; seating as available.

❑ I cannot attend but wish to support the CHRISTUS Spohn Health System with **my gift of $_____**
Includes recognition in the program (does not include event tickets).

My name (or company name) should appear as follows in the program: (Please Print)

❑ Enclosed is my check made payable to *CHRISTUS Spohn Health System Foundation* for $_____

Please charge $ _____ on MC _____ VISA _____ DISCOVER_____ AMEX _____

Credit Card No: _____ Expiration Date:_____ CVV: _____ Zip Code: _____

Contact Phone No. _____ Print Name: _____

Signature: _____ Please mail tickets to: (Name & Address) _____

_____

○ Guest Handicap Access Required ○ Special Diet Requested: Vegetarian____ Other _____

For more information or to make a reservation, call 361-881-3533 • christusspohnfoundation.org •
or email patricia.cano@christushealth.org