



YOU'RE INVITED TO
DOCTORS FOR CHANGE
7TH ANNUAL LUNCHEON

CULTIVATING HEALTH EQUITY

FRIDAY, JUNE 14, 2019
AT 11:30 IN THE MORNING

JUNIOR LEAGUE OF HOUSTON
1811 BRIAR OAKS LN
HOUSTON, TX 77027

Please return this form by June 1st, 2019, to be included in the event program. If purchasing a table, please attach a guest list.

Organization or Donor Name _____ Contact Name _____
Email _____ Phone _____
Address _____ City _____ State _____ Zip _____

I would like to make a reservation at the following level:

\$15,000 - Health Champion for Change

- VIP seating: two tables of 10
- Logo & acknowledgement in event program & signage
- Acknowledgement during presentation
- 10 DFC Professional Memberships for one year
- Logo & link on DFC website as a sponsor for 2018
- Logo & acknowledgement in our newsletter & event website

\$10,000 - Leader for Change

- Premium seating: two tables of 10
- Logo & acknowledgement in event program
- Acknowledgement during presentation
- 10 DFC Professional Memberships for one year
- Logo & acknowledgement in our newsletter & event website

\$5,000 - Benefactor for Change

- Two tables of 10
- Acknowledgement in event program, newsletter & website
- Acknowledgement during presentation
- 5 DFC Professional Memberships for one year

\$2,500 - Partner for Change

- Table of 10
- Acknowledgement in event program, newsletter & website
- 2 DFC Professional Memberships for one year

\$1,000 - Advocate for Change

- Table of 10
- Acknowledgement in event program
- 1 DFC Professional Membership for one year

I would like to purchase individual tickets to the event (include # of tickets):

_____ **\$250 - Member for Change** (includes 1yr membership)

_____ **\$100 - Standard Ticket** (\$70 tax deductible)

I would also like to make a tax-deductible donation of:

\$ _____

(Fill the space above if you are unable to attend but wish to donate)

Payment Method

Check Enclosed Credit Card Invoice
Me

Card Information (if paying by CC):

Name on Card

Card No.

Expiration _____ CVV

Billing Address

City _____ State _____ Zip

Please make all checks payable to **Doctors for Change**.

Send completed form to:

Doctors for Change

PO Box 66568

Houston, TX 77266

Or scan and submit by email:

info@doctorsforchange.org

RESEARCH | COLLABORATION | EDUCATION | ADVOCACY

