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Caroline Rose Hunt

EVENT CHAIRS

Kate Rose Marquez
Dawn Weeks Spalding

EVENT HOST

Laurie Sands Harrison

LIVE AUCTION CHAIR

Jenna Alexander

SILENT AUCTION CHAIR

Maggie Kipp

BOARD CHAIR

Matt Schooler

EXECUTIVE DIRECTOR

Dolores Sosa Green, M. Ed.

EVENT UNDERWRITING CONTRACT

Each donation includes special recognition in the program distributed at the event.
The sponsors will also be recognized at www.trinityrivermission.org and in media events.

DONATION LEVELS

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Presenting Sponsor - \$30,000
SOLD
Nancy Ann and Ray L. Hunt | <input type="checkbox"/> Platinum - \$7,500
12 Guests
\$1,000 Casino Voucher
Recognition in program
Tutors 7.5 children per year | <input type="checkbox"/> Silver - \$2500
8 Guests
\$500 Casino Voucher
Recognition in program
Tutors 2.5 children per year | <input type="checkbox"/> Mission Amigo - \$750
4 Guests
\$100 Casino Voucher
Recognition in program
Tutors 1 child for 7.5 months |
| <input type="checkbox"/> Diamond - \$10,000
14 Guests
\$1,400 Casino Voucher
Recognition in program
Tutors 10 children per year | <input type="checkbox"/> Gold - \$5,000
10 Guests
\$750 Casino Voucher
Recognition in program
Tutors 5 children per year | <input type="checkbox"/> Bronze - \$1,250
6 Guests
\$250 Casino Voucher
Recognition in program
Tutors 1.25 children per year | <input type="checkbox"/> Olé - \$500
2 Guests
\$25 Casino Voucher
Recognition in program
Tutors 1 child for five months |

I would like to purchase ____ individual admissions at \$125 each.

PAYMENT METHOD

Enclosed is my check payable to Trinity River Mission for \$_____

Please charge \$_____ to my Mastercard Visa American Express

Cardholder name _____ Telephone _____

Account number _____ Expiration Date _____ CVC Code _____

Signature _____

I am unable to attend but would like to make a donation. Enclosed is my check in the amount of \$_____

I prefer not to be listed in the program or mentioned in publicity.

UNDERWRITER CONTRACT INFORMATION

Donor _____

Business Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Secondary Contact _____ Secondary Contact Telephone _____

PLEASE RETURN THIS FORM TO

Naomi Scott, Development Director
Trinity River Mission
2060 Singleton Blvd., Suite 104, Dallas, TX 75212
Tel: (214) 744-6774 ext. 106
Fax: (469) 916-5832
Email: nscott@trinityrivermission.org

MISSION STATEMENT



Trinity River Mission is a volunteer-based community learning center that promotes literacy, encourages academic success and develops effective life skills among disadvantaged youth in West Dallas, in the belief that education connects us to life's possibilities.