

**Yes!** I/we accept the invitation to provide care for Respite Care’s children with medical and special needs.

Name(s): \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name (if different from above): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**I wish to sponsor Respite Care's Celebration of Love & Children Gala at the following level:**

*Valet parking is available for all guests. All sponsorship levels include recognition if provided by Friday, September 29*

Please indicate your preferred listing in the event program: \_\_\_\_\_

- \$25,000 - **Platinum Sponsor** – All **Gold** benefits plus premier seating, four (4) additional social media posts, and a curated volunteer opportunity for your business/organization.
- \$15,000 - **Gold Sponsor** – All **Silver** benefits plus preferred seating and three (3) additional social media posts.
- \$10,000 - **Silver Sponsor** – All **Bronze** benefits plus priority seating, name recognition in program, emcee recognition, and two (2) additional social media posts.
- \$5,000 - **Bronze Sponsor** – All **Patron** benefits plus one (1) additional social media post.
- \$2,500 - **Patron Sponsor** – Table for eight (8), name recognition in program, and (1) dedicated social media post.
- \$250 - **Individual Tickets** – (Please call to confirm availability.)
- I am unable to attend but I have enclosed a donation of \$\_\_\_\_\_ to the children of Respite Care for their most immediate needs.

**Payment Information:**

To pay by **check**:

Please make **checks** payable to Respite Care of San Antonio

**Mail to:**

Respite Care of San Antonio  
Attn: Gala 2023  
P.O. Box 12633  
San Antonio, TX 78212

To pay by **credit card**:

**Online:**  
[Registration Form](#)

**Or call:** (210) 737-1212



Thank you for helping us!

**Questions?** Please contact Zoë Reusser, zreusser@respitcare.org -or- (210) 737-1212