

Spoken From The Heart

Please mark the level of your choosing and complete the sponsor information below.

To complete sponsor information online, visit
www.laurabushinstitute.org/events

○ PLATINUM | \$25,000 *PRESENTING SPONSOR*

- Recognition and logo on sponsor packets, event materials and signage, slideshow and appropriate press materials
- 16 tickets to the VIP Cocktail Reception
- 2 tables (16 seats) at the “Spoken from the Heart” dinner and program – superior seating
- 8 copies each of “Portraits of Courage” by President George W. Bush and “My Big Backyard” with a nameplate signed by Laura Bush and Jenna Bush Hager
- Recognition at all Laura W. Bush Institute for Women’s Health events through the year

○ GOLD | \$10,000

- Name recognition on event materials and signage, slideshow (listing sponsors individually) and appropriate press materials
- 8 tickets to the VIP Cocktail Reception
- 1 table (8 seats) at the “Spoken from the Heart” dinner and program – excellent seating
- 4 copies of “My Big Backyard” with nameplates signed by Laura Bush and Jenna Bush Hager
- Recognition at all Laura W. Bush Institute for Women’s Health events through the year

○ SILVER | \$5,000

- Name recognition on event materials, slideshow (listing sponsors together) and appropriate press materials
- 4 tickets to the VIP Cocktail Reception
- 1 table (8 seats) at the “Spoken from the Heart” dinner and program – preferred seating

○ **BRONZE | \$2,500**

- Name recognition on event materials
- 2 tickets to the VIP Cocktail Reception
- 1 table (8 seats) at the “Spoken from the Heart” dinner and program – reserved seating

○ **COPPER | \$1,500**

- 1 table (8 seats) at the “Spoken from the Heart” dinner and program – reserved seating

SPONSOR REGISTRATION

Register online at www.laurabushinstitute.org/events

Sponsor Name: (for print) _____

Contact Name: _____

Email: _____ *Phone:* _____

Mailing Address: _____

City: _____ *State:* _____ *Zip:* _____

Check **enclosed** (*made payable to Laura W. Bush Institute for Women’s Health*)

Credit Card — *circle one:*

American Express | Discover | MasterCard | Visa

Name on Card: _____

Card #: _____ *CVV#* _____ *Exp. Date* ___/___

Authorized Signature: _____


RETURN COMPLETED FORM WITH PAYMENT TO:

Elyse Lewis

The Laura W. Bush Institute for Women’s Health | Public Health Building
1650 Pine Street, Suite 2100 | Abilene, Texas | 79601

For more information, please contact Elyse at 325.696.0646 or elyse.lewis@ttuhsc.edu

Laura W. Bush
INSTITUTE for WOMEN’S HEALTH
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