

SECTION I: CONTRIBUTION AUTHORIZATION

IA: SPONSOR CONTRIBUTIONS

IN-PERSON: Value of benefits = \$120 All table sponsorships include: complimentary valet, cocktail reception, three-course seated dinner, and print recognition.*

DONATION/VIRTUAL: Value of benefits = \$0 By choosing this option, you are declining all benefits with a monetary value. All donations include: link to join the virtual program, ability to invite guests to watch the virtual program, and print recognition.*

SEE BACK OF CONTRACT FOR MORE DETAILS ON BENEFITS BY LEVEL.

BUTTERFLY OF FREEDOM: \$5,500

- IN-PERSON:** One table of 10
- DONATION/VIRTUAL**

AMBASSADOR OF HOPE: \$10,000

- IN-PERSON:** One table of 10
- DONATION/VIRTUAL**

HUMANITARIAN: \$18,000

- IN-PERSON:** One table of 10 with premium seating
- DONATION/VIRTUAL**

UPSTANDER: \$25,000

- IN-PERSON:** One table of 10 with premium seating
- DONATION/VIRTUAL**

TEACHER OF TOLERANCE: \$36,000

- IN-PERSON:** One table of 10 with premiere seating
- DONATION/VIRTUAL**

DEFENDER OF HONOR: \$50,000

- IN-PERSON:** One table of 12 with premiere seating
- DONATION/VIRTUAL**

LEGACY: \$100,000

- IN-PERSON:** Two tables of 12 with premiere seating
- DONATION/VIRTUAL**

IB: OTHER CONTRIBUTIONS

SINGLE TICKETS: Value of benefits = \$120 each All single tickets include: complimentary valet, cocktail reception, three-course seated dinner, and print recognition.*

\$550 per ticket x _____ quantity

DONATION/VIRTUAL: Value of benefits = \$0 All donations include: link to join the virtual program and print recognition.*

\$5,400 TRIPLE CHAI **\$3,600 GENERATIONS** **\$1,800 GIFT OF CHAI**

\$1,000 **\$540** **\$250** **OTHER: \$ _____**

SECTION II: CONTACT INFORMATION

Contact name: _____

Mailing address: _____

STREET ADDRESS

CITY, STATE

ZIP CODE

Email address: _____

PHONE NUMBER:

PRINT

RECOGNITION: _____ ANONYMOUS

Examples: Jane and John Doe; Drs. Jane and John Doe; Jane and John Doe, MD; ACME Brick/Jane and John Doe; The Doe and Brown Families

NOTE: Due to limited print space, print recognition for any level is limited to three family names maximum.

SECTION III: PAYMENT

Enclosed is a check, payable to the "Dallas Holocaust and Human Rights Museum."

Please send me an invoice. I pledge to remit payment before October 13, 2022.

In order to protect your personal financial information, the Museum recommends one of the following payment options:

I will pay online by visiting www.dhhrm.org/hope

I will pay via credit card by calling DHHRM Gift Administrator, Kat English, at 469-257-4291.

I will pay via ACH or stock transfer. Please send me instructions.

I will recommend a 100% tax-deductible donation from my charitable funds.* In accordance with the IRS, gifts through a Donor Advised Fund or family foundation may be used solely for charitable purposes and may not confer benefits on donors. The DHHRM recommends donors consult their fund manager, tax advisor, and/or legal counsel for guidance.

Funding Institution: _____

* **DEADLINES TO BE LISTED:** August 23rd/invitation, September 23rd/event program book. Print recognition benefits vary by level.

