**SPONSORSHIP OPPORTUNITIES**

**SPONSORSHIP LEVELS**

- **Green Crayon Sponsor- $10,000**
  - Prominent logo placement on all event sponsor banners
  - Logo or name and hyperlink on Crayon Club webpage
  - Recognition in a minimum of 1 hospital magazine that goes to 300,000 households
  - Recognition in the hospital’s Annual Giving Report
  - Discounted Crayon Club Memberships for employees
  - Mentioned in Crayon Club social media sponsor spotlights

- **Blue Crayon Sponsor- $5,000**
  - Prominent logo placement on all event sponsor banners
  - Logo or name and hyperlink on Crayon Club webpage
  - Recognition in a minimum of 1 hospital magazine that goes to 300,000 households
  - Recognition in the hospital’s Annual Giving Report
  - Mentioned in Crayon Club social media sponsor spotlights

- **Red Crayon Sponsor- $2,500**
  - Logo recognition on all event sponsor banners
  - Logo or name and hyperlink on Crayon Club webpage
  - Recognition in the hospital’s Annual Giving Report
  - Mentioned in Crayon Club social media sponsor spotlights

- **Yellow Crayon Sponsor- $1,000**
  - Logo recognition on all event sponsor banners
  - Logo or name and hyperlink on Crayon Club webpage
  - Recognition in the hospital’s Annual Giving Report

- **Orange Crayon Sponsor- $500**
  - Logo recognition on event sponsor banners
  - Logo or name and hyperlink on Crayon Club webpage

- **Blue Crayon Sponsor- $5,000**
  - Prominent logo placement on all event sponsor banners
  - Logo or name and hyperlink on Crayon Club webpage
  - Recognition in a minimum of 1 hospital magazine that goes to 300,000 households
  - Recognition in the hospital’s Annual Giving Report
  - Mentioned in Crayon Club social media sponsor spotlights

- **Red Crayon Sponsor- $2,500**
  - Logo recognition on all event sponsor banners
  - Logo or name and hyperlink on Crayon Club webpage
  - Recognition in the hospital’s Annual Giving Report
  - Mentioned in Crayon Club social media sponsor spotlights

**UNDERWRITING CONTRIBUTION FORM**

Name of Company, Foundation or Individual: ________________________________

Name of Contact Person: ________________________________________________

Address: ______________________________________________________________

City: ___________________________ State: ___________ ZIP: ________________

Email: ___________________________ Phone: _____________________________

Name as it should appear on printed materials: _____________________________

☐ I do not wish to be listed in applicable publications.

Amount to be charged: $ _____________ Type of Card: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Name of Cardholder: _____________________________ Number: _________________________________

Expiration Date: Month: _____ Year: _____ Security Code: ______________

Is this a company credit card? ☐ Yes ☐ No If yes, please provide company name: _____________________________

Signature: __________________________________________________________________________

Please make checks payable to: Texas Scottish Rite Hospital for Children

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CRAYON CLUB  
volunteerism · education · philanthropy

Please send completed form to:

Texas Scottish Rite Hospital for Children - Crayon Club  
2222 Welborn Street, Dallas, Texas 75219  
phone: 214-559-8464 • fax: 214-559-7649

Your contribution is tax-deductible to the extent allowed by law.