HOME RUN FOR MATERNITY

Fall Celebration

Presented by
Jim & Terri Hooper

Sponsorship Opportunities

Grand Slam (Presenting) $20,000

SOLD

- Two VIP tables of ten
- Logo on all printed collateral
- Complimentary cocktail (1) per guest
- Full page ad in program
- Premium wine service at dinner
- Recognition on Foundation website
- Verbal and AV recognition

Home Run $10,000

- One prominent table of ten
- Complimentary cocktail (1) per guest
- Premium wine service at dinner
- Recognition on Foundation website
- Verbal and AV recognition
- Full page ad in program

Triple - 3rd Base $7,500

- One table of ten
- Recognition on Foundation website
- Verbal and AV recognition
- Half page ad in program

Double - 2nd Base $5,000

- Eight seats
- Recognition on Foundation website
- AV listing
- Quarter page ad in program

Single - 1st Base $2,500

- Six seats
- AV listing
- Listing in program

Unique Sponsorship Opportunities

- **On-Deck Parking Sponsor** $5,000
- **MVP'our Bar Sponsor** $5,000
- **The Bullpen Reception Sponsor** $5,000
- **Ambiance Sponsor** $5,000
- **Entertainment Sponsor** $5,000
- **Strike a Pose Sponsorship*** $5,000
  (Photography)
- **7th Inning Stretch Sponsor*** $5,000

All sponsors at this level will receive:
- Eight seats
- Recognition on Foundation website
- AV listing
- Logo at Sponsorship Location
- Quarter page ad in program

- **Centerpiece Sponsor*** $3,500

The sponsor at this level will receive:
- Six seats
- AV listing
- Centerpiece logo
- Listing in program

- **Auction Sponsor** $1,000
  (multiple available)

All sponsors at this level will receive:
- Two seats
- AV listing
- Listing in program

***Exclusive Sponsorship**

For more information, please contact the Foundation at 909.920.4962
or Foundation@SARH.org.

Please RSVP by September 11, 2026

SAN ANTONIO HOSPITAL FOUNDATION

Program Ads

Full page	(5"w x 7¼"h)	$1000	Quarter page	(2¼"w x 3½"h)	$500
Half page	(5"w x 3½"h)	$750	Logo in program		$250

Please provide camera-ready ad/logo by September 11, 2026 to Foundation@SARH.org.

Payment Information

☐ Sponsorship selected _____ $ _____

☐ Program ad size _____ $ _____

☐ Please reserve _____ seat(s) at $250 each $ _____

☐ I/we decline with regret, but please accept a donation of $ _____

☐ Check enclosed for $ _____
Please make check payable to San Antonio Hospital Foundation or SAHF

☐ Please charge my credit card $ _____

☐ Mastercard ☐ Visa ☐ Amex ☐ Business ☐ Personal

Pay Online

Credit Card # _____ Exp Date _____

Name on Card _____ CVV _____

Company _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

☐ **I would like to donate an item, basket, or experience for the auction or drawing. Contact the Foundation at Foundation@sarh.org or call 909.920.4962 to coordinate.**

Guest Roster

Name(s) & cell phone number(s):	Dietary Restrictions		Dietary Restrictions
_____	☐	_____	☐
_____	☐	_____	☐
_____	☐	_____	☐
_____	☐	_____	☐
_____	☐	_____	☐

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