

HOME RUN FOR MATERNITY

Fall Celebration

Presented by
Jim & Terri Hooper

SPONSORSHIP OPPORTUNITIES

Grand Slam (Presenting) \$20,000

- 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* (Photography)** \$5,000
- **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 (multiple available)** \$1,000

All sponsors at this level will receive:

- Two seats
- AV listing
- Listing in program

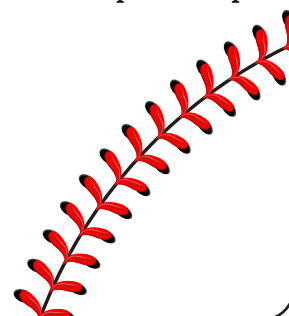
*Exclusive Sponsorship

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 7 1/4" h)	\$1,000	Quarter page (2 1/4" w x 3 1/2" h)	\$500
Half page	(5" w x 3 1/2" 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

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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