



FEC 22nd Annual Gala

Saturday, February 22, 2025

Please make the following reservations and list guests below



Underwriter Table for 10 \$ _____

Patron Table for 10 at \$1750 \$ _____

Seating at \$175/person x _____ = \$ _____

Donation: \$ _____

I /We are unable to attend but sending a donation \$ _____

TOTAL \$ _____

• Make checks payable to: "Friends of Egyptian Children with Cancer" & mail to:
P.O. Box 155, Bellaire, TX 77402-0155

• On-Line reservations by PayPal at:
www.fecchouston.org/fec-gala-reservation
or Scan the QR Code with your smart phone camera



For more information email Dr. Samia Khalil at samiakhalil41238@gmail.com

GALA UNDERWRITING LEVELS

Each table seats 10 guests

- DIAMOND UNDERWRITER TABLE - \$25,000**
 - One table for 10 at the gala
 - Premium table seating
 - Recognition during the gala
 - Name recognition in gala program & website
 - One full page ad in the gala program
 - Valet parking for the entire table
- PLATINUM UNDERWRITER TABLE - \$15,000**
 - One table for 10 at the gala
 - VIP table seating
 - Recognition during the gala
 - Logo & name recognition in gala program & website
 - One full page ad in the gala program
 - Valet parking for the entire table
- GOLD UNDERWRITER TABLE - \$10,000**
 - One table for 10 at the gala
 - Prime table seating
 - Recognition during the gala
 - Name recognition in gala program & website
 - One full page ad in the gala program
- SILVER UNDERWRITER TABLE - \$5,000**
 - One table for 10 at the gala
 - High priority table seating
 - Name listing in gala program & website
 - Half page ad in the gala program
- BRONZE UNDERWRITER TABLE - \$3,000**
 - One table for 10 at the gala
 - Priority table seating
 - Name listing in gala program & website
- PATRON TABLE - \$1,750**
 - Regular table seating

Please mark the appropriate box if selecting an Underwriter or Patron Table

RESERVATION MADE BY:

NAME: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL: _____ PHONE: _____

The following names are guests at our table:

			Food Selection		
			Salmon	Chicken	Vegetarian
1. Guest Name _____	Email _____	Phone _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Guest Name _____	Email _____	Phone _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Guest Name _____	Email _____	Phone _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Guest Name _____	Email _____	Phone _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Guest Name _____	Email _____	Phone _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Guest Name _____	Email _____	Phone _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Guest Name _____	Email _____	Phone _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Guest Name _____	Email _____	Phone _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Guest Name _____	Email _____	Phone _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Guest Name _____	Email _____	Phone _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>