

TEXANS FOR MEDICAL FREEDOM'S

★ 2ND ANNUAL ★
GRASSROOTS
Gala

When
SATURDAY
SEPTEMBER 6, 2025

Where
BROOKHAVEN
COUNTRY CLUB
FARMERS BRANCH, TEXAS

LEARN MORE AT
TEXANSFORMEDICALFREEDOM.ORG/GALA



SPONSORSHIP INFORMATION ON NEXT PAGE

SPONSORSHIP OPPORTUNITIES

PLEASE COMPLETE THE FOLLOWING FORM

\$25,000

CHAMPION OF CHOICE

- Reserved seating for two at head table with Keynote speaker(s) and a reserved table for 10 with premium placement next to head table
- VIP reception for 12 with photo opportunity
- Brief, private meeting with the keynote speaker(s) before the event
- Verbal recognition from stage during the event
- Recognition in all printed and digital materials
- Full page ad on back cover of program

\$10,000

DEFENDER OF FREEDOM

- Reserved table for 10 with premium placement in front row (limited availability)
- VIP reception for 10 with photo opportunity
- Verbal recognition from stage during the event
- Recognition in all printed and digital materials
- ½ page ad in program

\$5,000

PARENTAL PROTECTOR

- Reserved table for 10
- VIP reception for 10 with photo opportunity
- Recognition in all printed and digital materials
- ¼ page ad in program

INDIVIDUAL TICKET

\$100 each x _____

\$2,500

LIBERTY LEADER

- Reserved table for 10
- VIP Reception for 6 with photo opportunity
- Recognition in all printed and digital materials

\$1,000

ADVOCATE

- Reserved table of 10
- VIP reception for 4 with photo opportunity
- Recognition in all printed and digital materials

\$500

WARRIOR

- Reserved seating for 2
- VIP reception for 2 with photo opportunity
- Recognition in all printed and digital materials

\$250

PATRIOT

- Reserved seating for 2
- Recognition in all printed and digital materials.

OTHER AMOUNT

\$ _____

UNDERWRITER OPPORTUNITIES

VALET SPONSOR: \$5,000 PHOTOBOTH: \$5,000 CENTERPIECES: \$5,000 AUDIO/VISUAL: \$3,000

“YOU CALL THE SHOTS” BAR SPONSOR: \$2,000 PHOTOGRAPHER: \$1,500 PROGRAM ADS: \$1,000 | \$500 | \$300

INSIDE COVER FULL PAGE HALF PAGE

Name *(as you'd like it to appear on material)*

Contact Name *(if different)*

Email

Phone

Address

City

State

Zip

PAY ONLINE

OR

Make checks payable to **Texans for Medical Freedom** and mail them to **P.O. Box 175272, Arlington, TX 76003**

Send this form and guest names to sarah@sglconsultants.com or mail to **P.O. Box 175272, Arlington, TX 76003** by **August 4, 2025**

Donor logo/names must be submitted by **August 7**