



Soup's On! Luncheon

Tuesday, January 19, 2016

Union Station

Featuring Speaker Collins Touhy of *The Blind Side*
 Honorary Chairmen Micki and Mike Rawlings

<p><input type="checkbox"/> Chef de Cuisine \$100,000 and above <i>Your gift can provide 40,000 meals to people experiencing homelessness and hunger.</i> 2 Tables for 10</p> <p><input type="checkbox"/> Iron Chef \$50,000 <i>Your gift can provide a full semester of educational and enrichment programming for 210 at-risk children and youth.</i> 2 Tables for 10</p> <p><input type="checkbox"/> Executive Chef \$25,000 <i>Your gift can provide eight weeks of summer day camp for 75 deserving young people from low-income families.</i> Table for 10</p> <p><input type="checkbox"/> Top Chef \$10,000 <i>Your gift can provide a month of groceries for 40 families living in poverty.</i> Table for 10</p> <p><input type="checkbox"/> Pastry Chef \$ 5,000 <i>Your gift can provide prosthetic dental care for 100 people experiencing homelessness.</i> Table for 10</p>	<p><input type="checkbox"/> Sauté Chef \$2,500 <i>Your gift can insure accessibility to health care for 200 people experiencing homelessness.</i> Table for 10</p> <p><input type="checkbox"/> Sous Chef \$1,500 <i>Your gift can provide access to art classes, creative materials, and income opportunities for people experiencing homelessness.</i> Table for 10</p> <p><input type="checkbox"/> Individual Ticket \$150 each _____ Individual Ticket(s) Total \$ _____</p> <p><input type="checkbox"/> Donation I am unable to attend, but wish to make a contribution of \$ _____</p>
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Name of Donor _____

Name of Contact Person _____ E-Mail _____

Address/City/State/Zip _____

Home/Cell Phone _____ Office _____ Fax _____

Name and address for invitations (if different from above) _____

Donor's Name as it should be listed in printed materials* _____

*Deadline for Media and Program Recognition is January 4, 2016

I wish not to be listed in printed materials

I decline all benefits

BILLING AND PAYMENT INFORMATION **TOTAL AMOUNT OF CONTRIBUTION \$** _____

My check made payable to **THE STEWPOT ALLIANCE** is enclosed

Please bill my credit card MasterCard VISA American Express

Cardholder's Name _____

Card Number _____

Exp. Date _____ Sec Code _____ Cardholder's Signature _____

Billing Address (if different from above) _____

Please return this sponsorship commitment form to:
The Stewpot Alliance • Soup's On! • 4516 Lovers Lane, Suite 229 • Dallas, TX 75225
Questions? Email info@soupsondallas.com or call 214-382-5915
Contributions to The Stewpot Alliance, a tax-exempt organization operating under the Internal Revenue Code Section 501(c)(3) of First Presbyterian Church of Dallas, are tax deductible for the purpose of computing income taxes to the extent allowed by the law.