



**THE STATE OF
HEALTHCARE**
IN **SOUTHEAST TEXAS**
LUNCHEON

Tuesday, September 29, 2026

11:30am - 1:00pm

Holiday Inn & Suites Beaumont - Plaza

(3950 I-10 South, Beaumont, TX 77705)

SPONSORSHIP OPPORTUNITIES

VISIONARY - PRESENTING SPONSOR \$15,000

- Listed as Visionary Presenting Sponsor of the event, on event invitation, program, and logo included on website and social media
- Opportunity to make brief remarks
- Recognition from podium and in all printed and digital materials
- Table of 10 - VIP seating

COMMUNITY IMPACT SPONSOR \$10,000

- Listed as Community Impact Sponsor in the event program
- Recognition from podium and in all printed and digital materials
- Table of 10 - VIP seating

HEALTHCARE ACCESS SPONSOR \$5,000

- Listed as Healthcare Access Sponsor in the event program
- Recognition in all printed and digital materials
- Table of 10 - Premier seating

WELLNESS SPONSOR \$2,500

- Listed as Wellness Sponsor in the event program
- Recognition in all printed and digital materials
- Table of 10 - Preferred seating

ADVOCATE SPONSOR \$1,200

- Listed as Advocate Sponsor in the event program
- Admission for 5 Guests

PARTNER SPONSOR \$500

- Listed as Partner Sponsor in the event program
- Admission for 2 guests

INDIVIDUAL TICKET \$75

- Admission for 1 guest

Questions?

Contact Josh Davis
(409)998-0056

jdavis@legacycommunityhealth.org

Legacy is a 501(c)(3) non-profit organization.

Your tax contribution is tax-deductible to the extent allowed by law.

Please return to

Legacy Community Health

ATTN: Development Department

P.O. Box 66308

Houston, TX 77266-6308

PAYMENT

___ Visionary - Presenting Sponsor

___ Community Impact Sponsor

___ Healthcare Access Sponsor

___ Wellness Sponsor

___ Advocate Sponsor

___ Partner Sponsor

___ Individual Tickets - \$75

I would like to purchase ___ tickets

Amount: \$ _____

Sponsorship Listing

(Please print how you would like your name and/or company name to appear in all printed material)

Contact Information

Name/Organization: _____

Contact Person: _____

Address: _____

Phone: _____

E-mail: _____

Make Checks Payable to:
Legacy Community Health Services

