Fashion Stars for a Cause 2025 & Suicide and Crisis Center of North Texas Dallas Country Club September 19, 2025

Due to limited seating, reservations will be filled as date received according to priority.

| Table Sponsorship | | | | |
|---|--------------------|--|----|--|
| Underwriter \$25,000 | ☐ Benef | enefactor \$15,000 | | |
| Table for 10 with best seating. | Table | Table for 10 with preferred seating. | | |
| ☐ Patron \$10,000 | Spons | ponsor \$5,000 | | |
| Table for 10 Patron seating. | Table | Table for 10 Sponsor seating. | | |
| Name (as desired for listing in program) | | | | |
| Contact (if corporation) | | | | |
| Street Address | | | | |
| CityS | | | | |
| Individual tickets may be purchased for \$\frac{8}{2}\$ Please specify the number of tickets you \$\frac{1}{2}\$ Total cost: \$\frac{1}{2}\$ | | nase: | | |
| Donations | | | | |
| Please make your selection below if you | would like to make | e a donation. | | |
| ☐ I cannot attend, but would like to con | ntribute | ☐ Please invoice me \$ | | |
| \$ to the Suicide and Crisis | Center. | (provide your contact information in the Invoice | | |
| | | Information section | n) | |
| Goods/In-Kind | | | | |
| | | | | |

Payment Information Credit Card Information (if paying by credit card) Street Address City State Zip _____ Email ____ Phone ____ **Invoice Information** If you choose to be invoiced for your donation, please provide your contact information below. Name Street Address City_____State ____Zip ____ Phone _____ Email _____ Check If donating or paying by check, please make it payable to **SCCenter** and mail to: Suicide and Crisis Center of North Texas 2808 Swiss Avenue Dallas, TX 75204 Please mail completed forms and payment to: Suicide and Crisis Center of North Texas 2808 Swiss Avenue Dallas, TX 75204 Forms may also be emailed to: margiew@sccenter.org

Suicide and Crisis Center of North Texas is a 501(c)(3) nonprofit organization. Donations are tax-deductible.