



Catholic Charities
Archdiocese of San Antonio, Inc.



San Antonio
Birth Doulas

RAISING *Wildflowers*



Wednesday, March 27, 2024

9:00 AM – 1:00 PM

Wonderland of the Americas

4522 Fredricksburg Rd

San Antonio, TX 78201

Join us for this family event as we share demonstrations and learn more about amazing organizations like yours that benefits San Antonio's growing families

We value our partnerships with corporate and individual donors and will serve as good stewards of your generous support to the San Antonio Birth Doulas.



SCAN TO
REGISTER



Bloom - \$1,000

- Two tables and four chairs
- Organization recognized by announcement at event
- Logo recognition on marketing and promotional materials and website
- Recognition as Presenting Sponsor on event signage
- Recognition for one year on the San Antonio Birth Doulas website


Bud - \$500

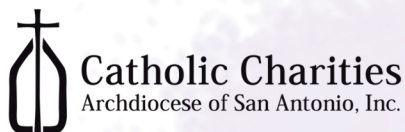
- One table and two chairs
- Organization recognized by announcement at event
- Logo recognition on marketing and promotional materials
- Recognition as Presenting Sponsor on event signage

Sprout - \$300

- One table and two chairs
- Organization recognized by announcement at event
- Logo recognition on marketing and promotional materials

Seedling - \$200

- One table and two chairs
- 



Please complete this form to confirm your sponsorship level.
Completed forms can be returned to Events Attn: Catholic Charities, Events
202 W. French Pl, San Antonio, TX 78212 or mwertz@ccaosa.org.
Questions? Call 210-222-1294 ext. 2261

Contact Information

Company name (as you wish to be acknowledged):

Contact Name: _____

Company E-mail Address: _____

Contact Phone Number: _____

Address: _____

City/State/Zip: _____

Sponsorship Opportunities:

☐ \$1,000 BLOOM

☐ \$300 SPROUT

☐ \$500 BUD

☐ \$200 SEEDLING

Payment Information:

- ☐ I have enclosed a check made payable to: San Antonio Birth Doulas ATTN: events
☐ Please charge my credit card. Credit card type: Visa/Mastercard/AmEx/Discover

Card Number: _____ Exp. Date: _____

Security Code: _____ Billing Zip Code : _____

Total Sponsorship Commitment: _____

Authorized Sponsor Signature: _____ Date: _____

☐ I am a Non-Profit organization and have attached a tax exemption form.