

Community Employment Luncheon 2025

Building Bridges to Independence

Thursday, April 10, 2025 • 11:30am to 1:00pm

Mays Family Center, Witte Museum



Table Sponsorship & Ticket Form

Individual/Company Name _____
Name as you would like for it to appear in publications - Please print clearly

Company Representative _____

Billing Address _____

City, State _____ Zip Code _____

Phone _____ Email _____

Company Website _____

Contact Name to Secure Table Guest List _____

Contact Phone _____ Email _____

★ Table Sponsorships & Fundraising Tickets - Our Fundraising Goal: \$250,000

Presenting Sponsor **\$25,000** Respect **\$15,000** Value **\$10,000**

Independence **\$5,000** Productivity **\$2,500** Inclusion **\$1,750** Individual Sponsor Seat **\$175**

Create a **Cheering Section!** All tables seat 10 guests. We are happy to work with you to determine the exact number of luncheon seats that are best to accommodate you and your guests. Consider limiting your guests to 4, 6 or 8 people and allow us to seat an honoree and their family and employer with you.

★ Honoree, Employer, Family & Guest Tickets

Employed Honoree **\$0** (one) Honoree Family Member **\$50** (#____) Honoree Guest **\$50** (#____)

(First) Honoree Supervisor/Co-Worker **\$0** (one) Additional Supervisors/Co-Workers **\$50** (#____)

Total Number of Reserved Seats Requested: _____ (Please write all guest names and contact information on the reverse of this paper)

I am donating my table to a Luncheon Honoree and their family.

I am joining **Friends of Community Employment** and sponsoring Honorees lunches (\$50/each)

Total number of Honorees sponsored: _____ x \$50/each = \$_____

I cannot attend but wish to make this gift of general support to the event: \$_____

SIGNATURE: _____ **DATE:** _____

I agree to make the gift and/or sponsorships of the amounts(s) as totaled above.

We are happy to work with you to create your favorite and best way to acknowledge your gift publicly as you support the Community Employment & Job Coach Program of Mission Road Developmental Center at Unicorn Centers Campus.

Payment Information

Charge my VISA MasterCard AMEX Card # _____

Signature: _____ Exp. Date: _____ Sec. Code: _____

Please complete all contact info above – essential for credit card processing! Thank you

My check payable to MRDC in the amount of \$_____ is enclosed.

Please bill me in the month of _____, 2025.

Note: All payments must be received prior to **May 30, 2025**



Scan this code with your smart phone to purchase online.



Questions? Please contact Lynette Farrimond ♦ 210.725.9189 ♦ lfarrimond@mrmsat.org
Please return to: Mission Road Developmental Center ♦ 8706 Mission Road ♦ San Antonio, Texas 78214

