FRIDAY, DECEMBER 4TH, 2026

7:00 P.M. - 11:00 P.M.

THE LIVERY VENUE

1009 E. ADAMS STREET, SUITE A100

Specialty Martinis • Seated Dinner • Auction • Dancing

SPONSORSHIP OPPORTUNITIES AVAILABLE

H-E-B Helping Here

MOODY CLINIC

www.moodyclinic.org | 956-542-8504

Mistletoe and Martini
Moody Clinic Christmas Gala

PROMOTIONAL SPONSORS

SOLD OUT

PRESENTING SPONSOR

H-E-B
Helping Here

CHAMPAGNE SPONSOR

Jules D. Gosseaux Foundation, Inc.
Supporting our local community together
LFD Home Furnishings

MARTINI SPONSOR

The Law Champ
Since 2001

TECHNOLOGY SPONSOR

Tipton Auto Group
Hyundai Ford

ENTERTAINMENT SPONSOR

Sombrero Festival during Charro Days

PRINT SPONSOR

SpaceX

SPONSORSHIP LEVELS

Miracle $3,000

- One reserved table (8 tickets) with premier seating
- Personal waiter
- Logo recognition on event website
- Social media recognition as appropriate (Facebook, Instagram, LinkedIn)

Hope $2,500

- One reserved table (8 tickets) with premier seating
- Logo recognition on event website
- Social media recognition as appropriate (Facebook, Instagram, LinkedIn)

Inspire $1,500

- 4 reserved tickets
- Logo recognition on event website
- Social media recognition as appropriate (Facebook, Instagram, LinkedIn)

Believe $500

- I am unable to attend, but I am interested in supporting Moody Clinic
- Sponsorship listing on event website

www.moodyclinic.org | 956-542-8504

H-E-B Helping Here. MOODY CLINIC

Yes, I want to sponsor this event!

Name or Business Name:

_____

(as you would like it to appear in all recognition)

Contact Person:_____

Phone:(___)_____ Email: _____

Address:_____

City/State: _____ Zip: _____

You may submit your donation form and pay by phone, fax, email, or by visiting

www.moodyclinic.org

(956) 542-8504

(956) 542-6510

jcuevas@moodyclinic.org

www.moodyclinic.org

Please submit a high-resolution JPEG of your logo by November 20th, 2026.
Secure payments may be made via phone, fax or email, or by visiting **www.moodyclinic.org**.

- ☐ Miracle $3,000
- ☐ Inspire $1,500
- ☐ Hope $2,500
- ☐ Believe $500

☐ I will sponsor, but will not be able to attend the event. Please donate my tickets to volunteers.

☐ I am unable to sponsor, but will donate $ _____ toward providing therapy to children with special needs.

PAYMENT INFO ☐ Cash ☐ Check ☐ Visa ☐ Mastercard ☐ AMEX

Credit Card # _____

Expiration Date:_____ /_____ CVV Code: _____ Billing Zip:_____

Authorized Signature: _____ Date: _____

Make checks payable to Moody Clinic. Check #: _____

MOODY CLINIC

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