



Sponsorship Opportunities

Saturday, March 6th, 2027

Northridge Country Club

6:00pm



Your Sponsorship
Makes a Difference

Temple Memorial Pediatric Center



Since 1952, Temple Memorial Pediatric Center has been proudly addressing the therapeutic needs of children in our community. As the only non-profit, outpatient facility in the Four States area specializing in pediatric therapy, Temple is dedicated to providing occupational, physical, speech, and ABA therapy to the children who need it most.

Our incredible staff and volunteers are committed to making a lasting difference in the lives of the children and families we serve. With your support, we are able to fulfill our mission: to provide exceptional services that empower individuals with disabilities, special needs, or functional limitations to live, learn, work, and play in their communities.

We invite you to join us on March 6th, 2027, as we raise vital funds for the many services provided at Temple Memorial Pediatric Center. Enclosed, you will find a list of sponsorship opportunities for your consideration. It is through the generosity of patrons like you that we are able to continue this important work, and we would be honored to partner with you for the benefit of these very special children and their families.

If you would like to explore additional sponsorship options or have any questions, please contact Gina Parish at 903-794-2705.

Please note: for advertising and printing purposes, sponsorships must be received by December 30, 2026, in order to be included in event materials.

Thank you for your commitment to helping children in our community thrive.



Main Location
1710 Moores Lane



Behavioral Health Location
6307 Richmond Rd



Temple Memorial Pediatric Center
2027 SPONSORSHIP LEVELS



Be Part of the Magic!

Saturday, March 6th, 2027 Northridge Country Club 6:00pm

Your sponsorship helps Temple Memorial Pediatric Center provide exceptional therapy services to children throughout our community. When you sponsor Dancing With Our Stars, you're not just supporting an event -- you're helping children reach milestones, gain independence, and shine.

Waltz Sponsor

- **Premier Recognition** on the invitation, program, social media & website.
- **Program** one-page ad
- **Recognition** from the stage the night of the event and logo included on event slide show
- **VIP Reserved** seating for Twenty ppl
- Two drink tickets per person

*Must respond by 12/30/2026 in order to be listed on the invitation

\$11,000

Rumba Sponsor

- **Recognition** on the invitation, program, social media & website.
- **Program** half-page ad
- Recognition on slide show w/logo
- **VIP Reserved** seating for Ten ppl
- Two drink tickets per person

*Must respond by 12/30/2026 in order to be listed on the invitation

\$6,000

Salsa Sponsor

- **Recognition** on the invitation, program, social media & website.
- **Recognition** on slide show w/logo
- **VIP Reserved** seating for Eight ppl
- Two drink tickets per person

*Must respond by 12/30/2026 in order to be listed on the invitation

\$4,000

Charleston Sponsor

- **Recognition** on the invitation & program
- **VIP Reserved** seating for six ppl
- Two drink tickets per person

*Must respond by 12/30/2026 in order to be listed on the invitation

\$2,000

Samba Sponsor

- **Recognition** on the program
- Open **VIP** seating for four ppl
- Two drink tickets per person

\$1,200

Texas Two Step Sponsor

- Open **VIP** seating for two ppl
- Recognition on program

\$800

Individual Tickets

\$125 each

Temple Memorial Pediatric Center



Sponsorship Information

Name on

Sponsorship: _____

Contact

Name: _____

Contact

email: _____

Contact

Phone #: _____

Address: _____

City/State

Zip Code: _____

Choose Your Type Of Sponsorship

- | | | | |
|--|---|---|---|
| ☐ Star Of The Night
\$11,000 | ☐ Rising Star Sponsor
\$6,000 | ☐ Center Stage
\$4,000 | ☐ Opening Act Sponsor
\$2,000 |
| ☐ Shining Star Sponsor
\$1,200 | ☐ Encore Sponsor
\$800 | ☐ Individual Tickets
\$125 x _____ = _____ \$ | |

Payment Options

- ☐ Check enclosed
☐ Send me an invoice

☐ Credit Card

Name as it appears on the credit
card _____

Exp. Date _____ Security _____

Code _____

Billing Zip Code _____

Phone _____

Signature _____

Temple Memorial Pediatric Center
1710 Moores Lane
Texarkana, Texas 75503

Or Contact Gina Parish
903-794-2705