

DACAMERA

# gala 2025

MUSIC SALONS &  
JAZZ SUPPER CLUB

CHAIRS: Maureen and Adel Chaouch

Name \_\_\_\_\_

Name for Event Listing \_\_\_\_\_

(As you would like it to appear in printed materials. **Gifts of \$1,500 or more will be listed in print.**)

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## TABLES OF TEN

**\$20,000 | Diamond Table**     **\$15,000 | Emerald Table**     **\$10,000 | Platinum Table**

**\$7,500 | Gold Table**     **\$5,000 | Silver Table**

## INDIVIDUAL TICKETS

\_\_\_ **\$1,000 | VIP Ticket(s)**    \_\_\_ **\$750 | Patron(s)**    \_\_\_ **\$600 | Individual Ticket(s)**

VIP and Patron level tickets receive premiere seating.

*In accordance with IRS rules and regulations, fair market value (FMV) is \$200 per guest.*

## GIVING

In lieu of attending, please accept my gift of \$ \_\_\_\_\_.

I would like to sponsor \_\_\_\_\_ DACAMERA Young Artist(s) to attend for \$300 each.

Total given: \$ \_\_\_\_\_.

## TABLE BENEFITS

**Silver | \$5,000:** Table for ten, with listing in print on invitation, event program, and online.

**Gold | \$7,500:** Above, with recognition onsite.

**Platinum | \$10,000:** Above benefits, premium table placement, plus special invitation to A Little Day Music with lunch at the Lancaster Hotel

**Emerald | \$15,000:** Above benefits, with premiere table placement, and invitations for a DACAMERA performance and reception for your guests.

**Diamond | \$20,000:** Above benefits, with prominent table placement, and a Young Artist performance\* at your home or business.

*\*DACAMERA will arrange for artist fees; all other aspects of performance are responsibility of donor.*

*Date must be mutually agreed upon by artists and host.*

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## PAYMENT INFORMATION

My total giving for the 2025 DACAMERA Gala: Music Salons & Jazz Supper Club is

\$ \_\_\_\_\_.

- Enclosed is a check made payable to **DACAMERA**.
- I wish to pledge my contribution of \$ \_\_\_\_\_. *Pledges are payable by June 13, 2025.*
- I intend to pay (entirely or partially) through a donor advised fund or private family foundation.  
*Does not apply to FMV. The FMV must be paid via separate funds.*
- Please charge \$ \_\_\_\_\_ to my:
- Visa    MasterCard    American Express    Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC \_\_\_\_\_

Name (name as it appears on card) \_\_\_\_\_

Signature \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

This gift is in honor/memory of: \_\_\_\_\_

### Please return completed form to:

Suzanne Sippel, Director of Individual Development  
DACAMERA | 1402 Sul Ross | Houston, Texas 77006  
E [ssippel@dacamera.com](mailto:ssippel@dacamera.com) | P 713-524-7601 ext. 14

*The Four Seasons Hotel Houston is offering a special online rate  
for DACAMERA guests with promo code **250425DME**.*