

PROJECT: TOTALLY UNLEASHED

COMING OCTOBER 24, 2026

W.T. Brookshire Conference Center
2000 W FRONT ST, TYLER, TX 75702



A NIGHT TO BUILD WHAT MATTERS

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I would like to Sponsor at the following level:

☐ **Great Dane: \$20,000**
4 VIP Tables (40 guests)

☐ **Husky: \$15,000**
3 VIP Tables (30 guests)

☐ **Doberman: \$10,000**
2 VIP Tables (20 guests)

☐ **Bulldog: \$5,000**
1 VIP Table (10 guests)

☐ **Boxer: \$2,500**
8 tickets at a shared table

☐ **Beagle: \$1,500**
6 tickets at a shared table

☐ **Cavalier: \$1,000**
4 tickets at a shared table

☐ **Chihuahua: \$500**
2 tickets at a shared table

Underwriting Sponsorships:



☒ **Catering Co-Sponsor: \$5,000**
1 VIP Table (10 guests)
Logo on dinner napkins

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1 VIP Table (10 guests)
Logo on dinner napkins



☒ All other Underwriting Sponsorships are SOLD!
A huge thank you to our Early Sponsors!

In lieu of a sponsorship, I would like to:

☐ **Purchase ___ individual tickets**
Tickets are \$150 per person

☐ **Donate an Auction Item**
Please set expiration date after 10/24/26
Auction Item _____
Value \$ _____

☐ **Make a donation to Therapet**
in the amount of \$ _____

In honor/memory of:

☐ Person _____

☐ Animal _____

Sponsorship commitments received by August 1, 2026 will be acknowledged on the invitation.

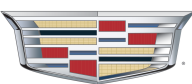
Sponsorships include recognition on the event slide show, social media, and event page promotion.



Thank You to our Early Sponsors!



Mercedes-Benz of Tyler



WAGNER CADILLAC



"Rooted in Faith, Family and Community"



Sponsor Details:

Individual or Business Name(s): _____
DONOR'S NAME AS IT SHOULD APPEAR ON ALL PRINTED MATERIALS

Contact: _____ Address: _____
IF DIFFERENT THAN "NAME"

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

☐ I'm enclosing a check payable to Therapet. ☐ Please charge my credit card.

Name: _____ Card #: _____
AS IT APPEARS ON CREDIT CARD

Exp. Date: _____ CSC: _____ Billing Zip: _____

Charge \$: _____ to my card. Signature: _____

☐ Charge the full amount ☐ Now **OR** ☐ On ____/____/2026 **OR**

☐ Process my card in _____ payments of \$ _____ each starting on ____/____/2026.
NUMBER

Please return your completed form to Therapet.

Fax: 903-535-2037 Email: info@therapet.org Address: P.O. Box 130118, Tyler, TX 75713

You may also make a payment online at www.therapet.org/unleashed.

If you have any questions, please call 903-535-2125.