



FACES of CHANGE

HER STORY IS HOUSTON'S STORY

Sponsorship Opportunities

Masterpiece Maker \$25,000

Name meaningfully incorporated into the mural • Meaningful recognition displayed beside the mural • A print of the Faces of Change Mural • Invitation to VIP & Artist Events • Special mention in event press releases and media • Your name/logo on scaffolding banner • Recognition in print materials, on website and at the event

Palette Patron \$10,000

Meaningful recognition displayed beside the mural • A print of the Faces of Change Mural • Invitation to VIP & Artist Events • Special mention in event press releases and media • Your name/logo on scaffolding banner • Recognition in print materials, on website and at the event

Canvas of Courage Sponsor \$5,000

A print of the Faces of Change Mural • Invitation to VIP & Artist Events • Special mention in event press releases and media • Your name/logo on scaffolding banner • Recognition in print materials, on website and at the event

Brushstroke of Hope \$3,500

A print of the Faces of Change Mural • Invitation to VIP & Artist Events • Recognition in print materials, on website and at the event

Color of Change Contributor \$1,000

A print of the Faces of Change Mural • Recognition in print materials, on website and at the event



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Donation Information

- | | |
|--|--|
| <input type="checkbox"/> \$25,000 Masterpiece Maker | <input type="checkbox"/> \$3,500 Brushstroke of Hope |
| <input type="checkbox"/> \$10,000 Palette Patron | <input type="checkbox"/> \$1,000 Color of Change Contributor |
| <input type="checkbox"/> \$5,000 Canvas of Courage Sponsor | |

\$_____ Other Amount

\$_____ I would like to make a gift in honor or memory of _____.

Contact Name: _____

Company: _____

Name for listing in event materials: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment Information

Enclosed is a check for \$_____ payable to The Women's Home.

Please charge \$_____ to my credit card:
___ Visa ___ MasterCard ___ Discover ___ American Express

Name on Card: _____

Card Number: _____

Expiration Date: _____ CVV Security Code: _____

Signature: _____

Please return the form by April 1, 2026

*You may also submit payment through our website at www.thewomenshome.org/mural
For more information please contact Emily Clark at 713.328.1965 or eclark@thewomenshome.org
The Women's Home is a 501(c)(3) non-profit corporation, EIN 74-1467811*