5TH ANNUAL

Beacons of Hope

— SHINE THE LIGHT —

FRIDAY, OCTOBER 9, 2026

City Club at River Ranch
Lafayette, Louisiana

Doors Open at 11:00 a.m.
Buffet Lunch at 11:30 a.m.
Program Begins at 12:00 p.m.

Honoring survivors and the community partners who help light the way to healing, justice, and hope.

Join Hearts of Hope

for the 5th Annual Beacons of Hope luncheon as we honor survivors, celebrate extraordinary community partners and recognize those who continue to shine a light on healing, justice and hope.

Hearts of Hope provides critical advocacy, counseling, forensic services, crisis response and compassionate support to children, adults and families affected by sexual trauma. These services are provided at no cost to survivors—and community support makes that possible.

Voice for Survivors $10,000

- 2 Tables of 8 seats/ 16 guests at the event
- Name/Logo on all promotional materials
- Social Media promotion
- Donor opportunity for opening remarks on event day, pre-event promotion
- Three Wine Pull Tickets

Champion of Change $5,000

- 2 Tables of 8 seats/16 guests at the event
- Name/Logo in event program, promotional listings
- Social Media promotion
- Two Wine Pull Tickets

Prevention Partner $2,500

- 1 table of 8 seats/8 guests
- Name/Logo in event program
- Social Media promotion
- One Wine Pull Ticket

Helping Hand $600

- 1 table of 8 seats/8 guests

Individual Tickets ..... $75 each

To sponsor:

Online:
www.theheartsofhope/beacons

Mail Check:
Hearts of Hope
P.O. Box 53967
Lafayette, LA 70505

Questions:
337.269.1557
beacons@theheartsofhope.org
Tax ID 72-1321800

Learn more or pay online by scanning the QR Code

HEARTS of HOPE
CENTER FOR SEXUAL TRAUMA

We Listen. We Believe. We Protect.

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Beacons of Hope
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Sponsorship Form:

Seat/Table Guests:

1. **TABLE CAPTAIN NAME/EMAIL:**
_____

_____
2. **NAME/EMAIL:**
_____

_____
3. **NAME/EMAIL:**
_____

_____
4. **NAME/EMAIL:**
_____

_____
5. **NAME/EMAIL:**
_____

_____
6. **NAME/EMAIL:**
_____

_____
7. **NAME/EMAIL:**
_____

_____
8. **NAME/EMAIL:**
_____

_____

Additional guests or all guests can be emailed to beacons@theheartsofhope.org

Sponsorship/Payment Information:

NAME: _____

COMPANY NAME: _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ **EMAIL:**_____

Sponsorship Level:

Voice for Survivors	☐ $10,000
Champion of Change	☐ $5,000
Prevention Partner	☐ $2,500
Helping Hand	☐ $600
Individual Tickets	☐ $75 x _____ Tickets

Payment Type:

☐ Credit Card
☐ Check — Make payable to: Hearts of Hope, Mail to: P.O. Box 53967 Lafayette, LA 70505
☐ Online Donation — Visit: www.theheartsofhope.org/beacons

CARD NUMBER: _____

EXP. DATE: _____ **BILLING ZIP:** _____

SECURITY CODE: _____

SIGNATURE: _____

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