FECC 20th Annual **Fundraising** Gala

A Special Invitation from Friends of Egyptian

Children with **CANCER**

Art by Hoda

Please join
Friends of Egyptian Children with Cancer
For the 20th Annual Fund Raising Banquet

On Friday, February 17th, 2023
6:30 – 10:30 PM
at the DoubleTree by Hilton
Greenway Plaza
6 E Greenway Plaza, Houston, Texas 77046
Tel: 713-629-1200
Speaker
Mrs. Amira Abou-Taleb
A Catalyst for Health and Hope `
Entertainment
The Houston Folkloric Dancer Troupe
Ayman El Khatib (singer)
Silent Auction
FECC is a Non-profit 501 (c) (3) Organization
www.FECCHouston.org
_For more information call Dr. Samia Khalil 713-822-7073
or email: samiakhalil41238@gmail.com

Friends of Egyptian Children with Cancer
20th Annual Gala

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20th Annual Gala
Friday, February 17, 2023 at 6:30 PM

DoubleTree by Hilton, 6 E Greenway Plaza, Houston, TX 77046

Please make the following reservations by February 14, 2023

I would like to reserve:

Seating at $175/person x ____ = $ _____

Table for 10 at $1,750 /table $ _____

Donation $ _____

Sponsorship $ _____

I am unable to attend
but I am sending a donation $ _____

TOTAL $ _____

Sponsorships are available at the following levels:

☐ DIAMOND: $25,000
☐ PLATINUM: $10,000
☐ GOLD: $ 5,000
☐ SILVER: $ 2,500
☐ BRONZE: $ 1,000

Please check the box for your level of sponsorship

Make checks payable to: "FECC" & mail to: FECC, P.O. Box 155, Bellaire, TX 77402-0155

On-line payments can be made by PayPal at:

www.fecchouston.org/2023_annual_fund_raiser/fecc_gala_reservation

For more information contact
Dr. Samia Khalil at (713) 822-7073, email: samiakhalil41238@gmail.com

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The following names are guests at our table.

Food Selection
Beef/Salmon   Vegetarian

1. Guest Name _____   ☐ . . . . ☐

2. Guest Name _____   ☐ . . . . ☐

3. Guest Name _____   ☐ . . . . ☐

4. Guest Name _____   ☐ . . . . ☐

5. Guest Name _____   ☐ . . . . ☐

6. Guest Name _____   ☐ . . . . ☐

7. Guest Name _____   ☐ . . . . ☐

8. Guest Name _____   ☐ . . . . ☐

9. Guest Name _____   ☐ . . . . ☐

10. Guest Name _____   ☐ . . . . ☐

NAME: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL: _____ PHONE: _____