



Methodist
HEALTH SYSTEM FOUNDATION

ROBERT S.
FOLSOM
LEADERSHIP
AWARD



20th Annual

Robert S. Folsom Leadership Award Dinner

Honoring

Walter J. Humann

Thursday, October 15, 2026 • Hilton Anatole

SPONSORSHIP OPPORTUNITIES

Robert S. Folsom Leadership Award

Founded in 2005, this award recognizes individuals whose service, commitment, and excellence in community leadership emulates former Dallas Mayor Robert S. Folsom. Over the past 19 years, Dallas has embraced the broad significance of this award, which has provided nearly \$30 million for vital programs and services at Methodist that create meaningful, lasting impact.

Past Award Recipients

Robert S. Folsom, 2005

Nancy Ann Hunt, 2006

Troy Aikman, 2007

First Lady Laura Bush, 2008

Norman Brinker, 2009

Pat and Emmitt Smith, 2010

Trevor Rees-Jones, 2011

Michael M. Boone, 2012

Rev. Mark Craig, 2013

Bobby B. Lyle, EdD, 2014

Jack Lowe Jr., 2015

R. Gerald Turner, PhD, 2016

David B. Miller, 2017

Senator Royce West, 2018

The Honorable

Michael S. Rawlings, 2019

Linda and Mitch Hart, 2021

Mary and Richard Templeton, 2023

James W. Keyes, 2024

Caren Prothro, 2025

About Methodist Health System

Methodist Health System is a faith-based organization with a mission to improve and save lives through compassionate, quality healthcare. Methodist has a network of 13 hospitals (through ownership and affiliation) with nationally recognized medical services, such as a Level I trauma center, multi-organ transplantation, Level III neonatal intensive care, neurosurgery, robotic surgical programs, oncology, gastroenterology, and orthopedics, among others.

We believe in providing the highest level of care to all our patients, regardless of their ability to pay. Last fiscal year, we provided more than \$164 million in charitable care.

Methodist Health System is dedicated to transforming healthcare delivery with high-quality, well-coordinated care, honoring a nearly century-long legacy while creating a vision of advancing healthcare for the future.

Sponsorship Levels & Benefits

All \$12,000+ sponsorship levels will receive recognition in printed and digital marketing materials and 2 VIP valet parking passes per table.

PRESENTING SPONSOR \$250,000+

- Prominent listing as a presenting sponsor
- 4 premier tables of 10
- 10 Patron Party tickets

LEAD SPONSOR \$120,000

- Prominent listing as a lead sponsor
- 2 premier tables of 10
- 8 Patron Party tickets

PATRON PARTY SPONSOR \$60,000

- Name featured prominently on signage at Patron Party
- Premier table of 10
- 6 Patron Party tickets

PLATINUM SPONSOR \$60,000

- Premier table of 10
- 6 Patron Party tickets

PROGRAM SPONSOR \$30,000 *(one available)*

- Name featured prominently in printed program
- Priority table of 10
- 4 Patron Party tickets

VALET SPONSOR \$30,000 *(one available)*

- Name featured prominently on valet signage
- Priority table of 10
- 4 Patron Party tickets

GOLD SPONSOR \$30,000

- Priority table of 10
- 4 Patron Party tickets

SILVER SPONSOR \$12,000

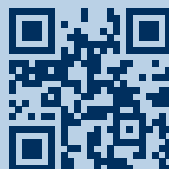
- Table of 10
- 2 Patron Party tickets

BRONZE SPONSOR \$6,000

- Table of 10
- Sponsor recognition in digital marketing materials

To complete your sponsorship online, Scan the QR code or visit MethodistHealthSystem.org/Folsom

Questions? Contact FolsomAward@mhd.com





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2026 Sponsor Agreement

Please return this card (*front and back*) or complete your sponsorship online at **MethodistHealthSystem.org/Folsom** by **June 5** to ensure recognition in event materials.

Presenting Sponsor \$250,000

Valet Sponsor \$30,000 (*one available*)

Lead Sponsor \$120,000

Gold Sponsor \$30,000

Patron Party Sponsor \$60,000

Silver Sponsor \$12,000

Platinum Sponsor \$60,000

Bronze Sponsor \$6,000

Program Sponsor \$30,000 (*one available*)

I plan to use my table

I do not wish to use my table (*donation is fully tax deductible*)

SPONSOR DETAILS

Recognition Name _____
(Please print exactly as it should appear in materials)

I wish to remain anonymous

Primary Contact Name _____

Company/Organization (*if applicable*) _____

Daytime Phone _____ Email _____

Street Address _____

City _____ State _____ ZIP _____

Signature _____

SEE REVERSE FOR PAYMENT DETAILS

