WATT PLASTIC SURGERY

PRESENTS

wine women&shoes®

BENEFITING THE CHILDREN'S CANCER CENTER

BROUGHT TO YOU BY LEXUS OF WESLEY CHAPEL

NOVEMBER 5TH, 2026

About Wine Women & Shoes

Created for those who enjoy fine wine, great style, and supporting a noble cause, Wine Women & Shoes is one of the fastest-growing charity events in the country. Featuring fine wines, signature cocktails, a live and silent auction, a high-end fashion show, and a walk-around boutique marketplace, WWS is a highly successful national fundraising event.

Over $5.8 Million

Raised over the past 12 Wine Women & Shoes for Tampa Bay children and families battling pediatric cancer

550

affluent women and men in attendance

80%

of attendees are aged 30 - 60

13th

anniversary of Tampa's Wine Women & Shoes

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Advertisement Options

FULL PAGE: 8” X 5” (LANDSCAPE) FOR $350

HALF PAGE: 3.75" X 5" (PORTRAIT) FOR $225

QUARTER PAGE: 3.75" X 2.375" (LANDSCAPE) FOR $150

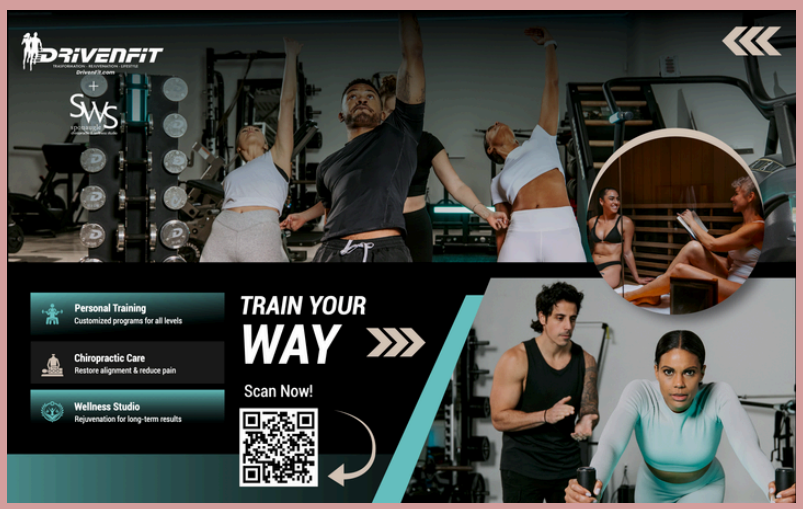




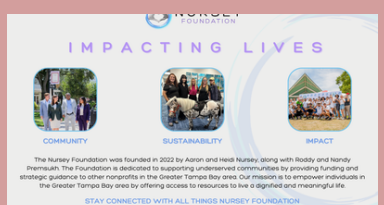












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Payment Form

Please select advertisement size from the following:

Full Page (8"x5")

Half Page (3.75"x5")

Quarter Page (3.75"x2.375")

Please send final advertisment in a .jpg or a .png format to Abigail at aelliott@childrenscancercenter.org

Total Advertisment Due:

Company: _____

Company Name: _____

Company Email: _____

Company Address: _____

Contact Telephone: _____

Expected Payment Date: _____

Sponsor Signature: _____ Date: _____

CCC Signature: _____ Date: _____

By signing below, the Company named in this sponsorship commitment form acknowledges the terms set forth in the sponsorship packet and agrees to comply with all rules, regulations and policies of Children's Cancer Center. The Company also agrees pay the sponsorship in full prior to the event.

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Easy Payment Options:

(1) **Pay by Check**

Please make check payable to the Children's Cancer Center. In the memo, please indicate 2026 Wine Women and Shoes Ad and mail to:

Children's Cancer Center WWS Ad
c/o Maddie Hiers
4901 West Cypress St.
Tampa, Fl 3306

(2) **Pay by Credit Card:**

Name as appears on card : _____

Card Number: _____

Expiration Date:_____

CVV Security Code: _____

Billing Address: _____

Please charge the 2.2%-3.5% cc transaction fee on my cc:

☐YES ☐NO

Internal Use Only
SEC: _____
Filed: _____

Thank you for supporting the Children's Cancer Center!



CHILDREN'S CANCER CENTER

helping children & families cope

ChildrensCancerCenter.org

@ChildrensCancerCenter

Facebook.com/DailyCCC