SPONSORSHIPS

	Disco Fever	The Hustle	Stayin' Alive \$2,500	Dancing Queen	Le Freak \$500
	\$10,000	35,000	42,0 33	\$1,000	
Seating	VIP for 16	Reserved for 16	Reserved for 12	Reserved for 8	Reserved for 4
Logo in all Newspaper Advertising	3	•	9		
Name only in Newspaper Advertising				•	•
Logo on Foundation Website	•				
Logo on Tickets	•				
Logo on Program Cover	•				
Individual Banner at the Event	•	3			
Shared Banner			•	•	•
Advertising recognition on our website- linking to yours	•	•			
Advertising recognition on our website				•	•
OMH Foundation Quarterly newsletter	9	•		9	•
Donor Recognition Plaque (if requested)	9	٥	9	•	•
Permanent recognition on the wall of OMH	9	•	9	•	•

If your sponsorship includes logo representation, please submit a digital, high-resolution logo to leeann.thomas@onslow.org

Please understand that due to the overwhelming number of attendees, we will not be able to accommodate special seating requests or extra seating at sponsorship tables. Please submit completed registration form to the Onslow Memorial Hospital Foundation by...

Mail: OMH Foundation- Disco Fever 317 Western Boulevard Jacksonville, NC 28546

Fax: (910)577-2575

Email: leeann.thomas@onslow.org

DEADLINE - Feb 13, 2015 to be included in promotional materials.





Sponsor Name	Email	
Recognition Name Please print below exactly how you would like your sponsorship listed in formal recognition (such as your personal name, business name, in memory of a loved one, etc.)	Mailing Address (including zip code)	
Contact Name Circle one: Mr. / Ms. / Mrs. / Dr.	Business Website	
Phone	Cell Phone	
Would you like to receive a donor re		
SPONS © Disco Fever \$10,000 The Hus Dancing Queen \$1,0 Will you be attending the	tle \$5,000	
NEW Pre-pay for drink tickets ○ \$25 ○ \$5	0 \$100 (no refunds) Pick up at the door!	
PAYMENT OPTIONS		
O Check included	 Please charge our credit card 	

Check includedBill us starting the first day of	Please charge our credit card (VISA or MasterCard)
Full amountBreak bill up into	Name on card
bills of \$ each	Card number
Billing schedule: monthly quarterly	Exp. date/ V-code (3 digits on back)
	Billing zip code
Authorized signature	