

SPONSORSHIP INFORMATION

A fund-raising celebration

presented in support of the Onslow Memorial Hospital Foundation
and Building for Babies.



317 Western Boulevard
Jacksonville, NC 28456

910-577-2651
www.onslow.org/foundation

Follow us on Instagram at [omh_foundation](#) #OMHAwesome80s
Follow us on FaceBook at Onslow Memorial Hospital Foundation



FEBRUARY 23rd. 2019

AMERICAN LEGION BUILDING 146 Broadhurst Road, Jacksonville, NC



BUILDING Our 2019 campaign to continue giving our
for babies Maternal Child Unit a beautiful new upgrade!



The 2018 fundraising campaign to renovate the **Women's and Children's Services** floor at Onslow Memorial Hospital got off to spectacular start with The Black Tie Gala! "It was an enthusiastic start, and showed us how much the community is behind this project," said Lee Ann Thomas, Foundation Executive Director.

"Improving our Women's and Children's Services line will positively affect all those we serve – from our newest patients and their family members, to our own OMH staff. To accomplish our goal, we are aggressively pursuing grants, and looking for new community support."

Every gift to **Building for Babies** will further the mission of providing compassionate care, with the best services and the newest technologies in the most pleasing of environments, for all Onslow County moms and babies.

EVENT HAPPENINGS

AUCTIONS • DINNER • CASH BAR • LIVE ENTERTAINMENT FROM **THE DELOREANS**

The Deloreans are the newly celebrated 80's show band in Virginia and well beyond. Dedicated to taking you "Back to the Eighties," they play all the mega hits from the new wave, pop and rock scenes of the decade - there is never an unfamiliar tune or dull moment. Like a time machine, they take you back to the famous era of glitz and glam. Watching them one feels as though they were 18 years old again watching the first MTV music video. Along with big lights, sound, costumes and personality you can expect nothing less than a "totally awesome" show!



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SPONSORSHIPS

	MTV \$10,000	RUBIK'S CUBE \$5,000	ATARI \$2,500	PAC MAN \$1,000	WALKMAN \$500
Tickets	VIP for 16	16	12	8	4
Logo in all Newspaper Advertising	✦	✦	✦		
Name Only in Newspaper Advertising				✦	✦
Logo on Foundation Website	✦				
Logo on Tickets	✦				
Advertising on Screen at the Event	✦	✦	✦	✦	✦
Advertising Recognition on our Website	✦	✦	✦	✦	✦
OMH Foundation Quarterly Newsletter	✦	✦	✦	✦	✦
Donor Recognition Plaque (if Requested)	✦	✦	✦	✦	✦
Permanent Recognition on the Wall of OMH	✦	✦	✦	✦	✦

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.

Mail: OMH Foundation- The Awesome 80s
317 Western Boulevard
Jacksonville, NC 28546

Fax: (910)577-2575

Email: leeann.thomas@onslow.org

DEADLINE to be included in promotional materials: February 8, 2019

Questions or More Info, please call 910-577-2651



FEBRUARY 23, 2019

Sponsorship Information

Please print clearly

Sponsor Name

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.)

Contact Name Circle one: Mr. / Ms. / Mrs. / Dr.

Phone _____ - _____ - _____

Email

Mailing Address (including zip code)

Business Website

Cell Phone _____ - _____ - _____

SPONSORSHIP

- ☐ MTV \$10,000 ☐ RUBIK'S CUBE \$5,000
☐ ATARI \$2,500 ☐ PAC MAN \$1,000 ☐ WALKMAN \$500

Will you be attending the event? Yes ☐ No ☐

Would you like to receive a donor recognition plaque? Yes ☐ No ☐

PRE-PAY FOR DRINK TICKETS ☐ \$25 ☐ \$50 ☐ \$100 (no refunds) **Pick up at the door!**

PAYMENT OPTIONS

- ☐ Check included
☐ Bill us starting the first day of _____
(month)

- ☐ Full amount
☐ Break bill up into

_____ bills of \$_____ each

Billing schedule:

- ☐ monthly ☐ quarterly

- ☐ Please charge our credit card
(VISA or MasterCard)

Name on card _____

Card number _____

Exp. date _____ / _____ V-code _____
(3 digits on back)

Billing zip code _____