SPONSORSHIPS

	The Charleston \$10,000	The Fox Trot \$5,000	The Shimmy \$2,500	The Texas Tommy \$1,000	The Lindy Hop \$500
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				9	•
Log on Foundation Website	(
Logo on Tickets	•				
Logo on Program Cover	0				
Individual Banner at the Event	0	(4)			
Shared Banner			9	9	9
Advertising recognition on our website- linking to yours	③	9	9		
Advertising recognition on our website				7	9
OMH Foundation Quarterly newsletter		•	•	9	•
Donor Recognition Plaque (if requested)		(4)	3	•	3
Permanent recognition on the wall of OMH	(3)	③	•	3	•

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- Roaring 20s 317 Western Boulevard

Jacksonville, NC 28546 Fax: (910)577-2575

Email: leeann.thomas@onslow.org

DEADLINE for promotional materials: February 1, 2016



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		
SPONS	ORSHIP		
The Charleston \$10,000The FoxThe Texas Tommy \$1,000			
Will you be attending the Would you like to receive a donor re NEW Pre-pay for drink tickets ○ \$25 ○ \$50 ○ PAYMENT OPTIONS	ecognition plaque? Yes O No O		
Check includedBill us starting the first day of	Please charge our credit card (VISA or MasterCard)		
O Break bill up into	Name on card		
bills of \$ each	Card number		
Billing schedule: O monthly O quarterly	Exp. date/ V-code (3 digits on back)		
	Billing zip code		
Authorized signature			