



Benefiting 3D Mammography  
at OakBend's Women's Imaging Department

Thursday, October 10, 2019  
6:00pm-9:30pm

SAFARI TEXAS RANCH  
Infinity Ballroom  
11627 FM 1464, Richmond, Texas 77407

EVENT CHAIR  
Beth Johnson

AUCTION CHAIR  
Kay Garrett

DINNER AND LIVE AUCTION  
Business Attire

*Golden Threads Sponsor: \$10,000*

- Premium seating for 20 guests
- Listed on OakBend Medical Center website for a year
- Mentioned on OakBend Medical Center social media
- Recognition from the podium
- Company logo or name in all printed materials
- Special gift for your table
- Complimentary premium wine at your table
- Recognition in local pre- and post-event advertising
- Health educational program of your choice for 20 people

*Community Fabric Sponsor: \$5,000*

- Premium seating for 10 guests
- Listed on OakBend Medical Center website for a year
- Mentioned on OakBend Medical Center social media
- Recognition from the podium
- Name in all printed materials
- Special gift for your table
- Complimentary premium wine at your table

Please respond  
by August 1  
to be included  
in the invitation.

*Patterns of Hope Sponsor: \$3,000*

- Preferred seating for 10 guests
- Listed on OakBend Medical Center website for a year
- Mentioned on OakBend Medical Center social media
- Name listed in event program

*Stitches of Love Sponsor: \$2,000*

- Seating for 10 guests
- Listed on OakBend Medical Center website for a year
- Mentioned on OakBend Medical Center social media

For more information, please visit  
[www.oakbendmedcenter.org/patchwork-of-life](http://www.oakbendmedcenter.org/patchwork-of-life)

\$10,000

\$5,000

\$3,000

\$2,000

Individual Tickets: \_\_\_\_\_ x \$150 each

TOTAL AMOUNT: \_\_\_\_\_

Sorry! We cannot make it to the event this year, but would like to donate \$ \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Method (circle one):      Check      Visa      MasterCard      AmEx      Discover  
(check payable to OakBend Medical Center)

Full Name on Card: \_\_\_\_\_ 3 or 4 Digit Security Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this  
completed form along  
with payment to:

OakBend Medical Center  
Development Dept.  
1705 Jackson Street  
Richmond, TX 77469  
or email  
development@obmc.org

Questions?  
Call Michaela Carriere  
at 281-341-3094

Tickets and tables are  
tax deductible to the  
full extent of the law as  
OakBend Medical  
Center is a 501(c)(3)  
organization. Fair  
market value for the  
event is \$45.00/person.