



Thursday, October 7, 2021
6:00pm-9:00pm

SAFARI TEXAS RANCH
Magnolia Ballroom

Please return this completed form along with payment to the OakBend Medical Center Development Dept. 1705 Jackson Street, Richmond TX 77469 or email development@obmc.org.

GOLDEN THREADS SPONSOR: \$10,000

- Personal chef VIP dinner with wine for 12 prepared and served in your home day of event (VIRTUAL)
- Premium seating for 20 guests (IN PERSON)
- 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 (IN PERSON)
- Complimentary premium wine at your table (IN PERSON)
- Recognition in local pre- and post-event advertising
- Health educational program of your choice for 20 people

COMMUNITY FABRIC SPONSOR: \$5,000

- Chef-prepared VIP dinner with wine for 8 delivered to your home day of event (VIRTUAL)
- Premium seating for 10 guests (IN PERSON)
- 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 (IN PERSON)
- Complimentary premium wine at your table (IN PERSON)

PATTERNS OF HOPE SPONSOR: \$3,500

- Gringo's meal for 8 delivered to your home day of event, including margaritas (VIRTUAL)
 - Listed on OakBend Medical Center website for a year
 - Mentioned on OakBend Medical Center social media
 - Name listed on in-person event print materials (IN PERSON)
- Optional wine package for \$500*

STITCHES OF LOVE SPONSOR: \$2,500

- Rudy's BBQ meal for 8 delivered to your home day of event (VIRTUAL)
 - Listed on OakBend Medical Center website for a year
 - Mentioned on OakBend Medical Center social media
- Optional wine package for \$500*

Name of Sponsor: _____

Contact Person: _____

Phone: _____ Email: _____

Payment Method (circle one): Check Visa MasterCard AmEx Discover

Name on Card: _____ 3 or 4 Digit Security Code: _____

Card Number: _____ Exp. Date: _____

Billing Address: _____

Signature: _____ Date: _____

PLEASE CHOOSE:

VIRTUAL

IN PERSON

THIS CHOICE IS FINAL



SCAN TO PAY FOR YOUR SPONSORSHIP ONLINE

