



21ST ANNUAL PINK RIBBON LUNCHEON

Thursday, March 14, 2019 | Wilmington Convention Center | 11am-1pm

Presenting Angel | \$15,000 – Bank of America Merrill Lynch

- Two tables (20 seats) with premier placement.
- Sponsorship recognition on all digital media and print materials, includes acknowledgement at all community-led events supporting Pink Ribbon.
- Recognition in NHRMC Foundation media releases, website, social media platforms.
- Logo distinguished as Presenting Sponsor on 4,000+ event invitations.
- Corporate table recognition and acknowledgement in the event presentation.
- On-stage recognition from the podium.
- Corporate display in common area, if desired.
- Opportunity to provide a corporate gift to each guest. (600+ guests)

Platinum Angel | \$8,000 - this level funds 64 mammography screenings for local women

- Two tables (20 seats) with premier placement.
- Recognition on NHRMC Foundation website and social media platforms.
- Corporate table recognition in event slideshow presentation.

Gold Angel | \$3,500 - this level funds 28 mammography screenings for local women

- One Table (10 seats) with premier placement.
- Recognition on NHRMC Foundation website and social media platforms.
- Corporate table recognition in event slideshow presentation.

Pink Angel | \$1,500 - this level funds 12 mammography screenings for local women

- One Table (10 seats) to attend the Pink Ribbon Luncheon.
- Corporate table recognition in event slideshow presentation.

Table Host | \$1,000 - this level funds 8 mammography screenings for local women

- One table (10 seats) at the Pink Ribbon Luncheon.



21st Annual Pink Ribbon Project Sponsorship Form

Name _____
(Exactly as it should be printed in our publications)

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Contact _____ Email: _____

Signature _____ Date _____

Sponsorship Levels:

- Presenting Angel \$15,000
- Platinum Angel \$8,000
- Gold Angel \$3,500
- Pink Angel \$1,500
- Table Host \$1,000
- Luncheon Ticket \$125 – funds 1 mammography for local women
- Donation \$ _____

Total amount: _____

- My check, made payable to **NHRMC Foundation**, is attached or
- (V, MC, AMEX) Card Number _____ Exp. _____ Security Code _____

Or visit www.nhrmcfoundation.org to register online.

- Please send me an invoice based on the following schedule:
- Month of Event Quarterly To begin on: _____

Please return to:
Kristal McHugh
Director of Development
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New Hanover Regional Medical Center Foundation
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Fax (910) 667-5004