

AN EVENING OF

Promise



An Evening of Promise ★ August 23, 2019 Ponte Vedra Inn & Club

Please join us for the 7th annual *An Evening of Promise* at the historic Ponte Vedra Inn & Club. Come enjoy a night of music, cocktails and fabulous cuisine, all in support of our kids. Funds raised from the event will benefit the Nemours Center for Cancer and Blood Disorders.

Presenting Sponsor ★ \$20,000

- Exclusive recognition as presenting sponsor
 - Logo and listing on event invitation*
 - 14 tickets to the event
 - Recognition in press materials promoting the event
 - Recognition in e-newsletter
 - Recognition in our print newsletter (circulation over 5,000)
 - Logo recognition on event-day signage
 - Recognition from the emcee at the event
 - Online exposure on event webpage
 - **Tax-deductible contribution: \$17,500**
- *Must be secured by June 1 for invitation recognition

Gold Sponsor ★ \$10,000

- 10 tickets to the event
- Recognition in press materials promoting the event
- Recognition in e-newsletter
- Logo recognition on event-day signage
- Recognition from the emcee at the event
- Online exposure on event webpage
- **Tax-deductible contribution: \$8,750**

Silver Sponsor ★ \$5,000

- 8 tickets to the event
- Recognition in press materials promoting the event
- Recognition in e-newsletter
- Logo recognition on event-day signage
- Online exposure on event webpage
- **Tax-deductible contribution: \$4,000**

Bronze Sponsor ★ \$2,500

- 4 tickets to the event
- Recognition in press materials promoting the event
- Recognition in e-newsletter
- Logo recognition on event-day signage
- Online exposure on event webpage
- **Tax-deductible contribution: \$2,000**

Individual Ticket ★ \$200

- **Tax-deductible contribution: \$100**

Young Professional Ticket ★ \$100

(40 years old and under)

- **Tax-deductible contribution: \$50**

A copy of the official registration and financial information may be obtained from the Florida Division of Consumer Services by calling toll-free (800) 435-7352 within the state. Registration does not imply endorsement, approval, or recommendation by the state.

A copy of our annual report may be obtained upon request from us or from the New York State Attorney General's Charities Bureau, Attn: FOIL Officer, 120 Broadway, New York, NY 10271.

The official registration and financial information of The Nemours Foundation may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, (800) 732-0999. Registration does not imply endorsement.

A financial statement is available upon written request from the Virginia Office of Consumer Affairs, Virginia Dept. of Agriculture & Consumer Services, P. O. Box 1163, Richmond, VA 23218-0526.

Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at (919) 807-2214. License is not an endorsement by the State.

If you wish to have your name removed from the list to receive this communication or future fundraising requests supporting Nemours, please email giving@nemours.org or write to us at Nemours Fund for Children's Health, Shands House, 1600 Rockland Rd., Wilmington, DE 19803.

For more information, please contact Kacie M. Smyth
at (904) 697-4415 or kacie.smyth@nemours.org.

Nemours.org/eveningofpromise

Nemours Fund for
Children's Health

What: An Evening of Promise

Where: Ponte Vedra Inn & Club

When: Friday, August 23, 2019, 7:00 p.m.

Tickets: \$200 per person

An Evening of Promise

Sponsorship

- ☐ **\$20,000** ★ Presenting Sponsor
- ☐ **\$10,000** ★ Gold Sponsor
- ☐ **\$5,000** ★ Silver Sponsor
- ☐ **\$2,500** ★ Bronze Sponsor

Ticket Information

- ☐ **\$200** ★ Individual Ticket
- ☐ **\$100** ★ Young Professional Ticket

Quantity = _____

Please return this form to:

Kacie M. Smyth

Development Coordinator

Nemours Fund for Children's Health

10140 Centurion Parkway N.

Jacksonville, FL 32256

Phone: (904) 697-4415

kacie.smyth@nemours.org

SPONSOR RESERVATION *(Please complete if you are purchasing a sponsorship.)*

Company Name *(as you would like to be recognized):* _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

INDIVIDUAL RESERVATION *(Please complete if you are purchasing individual tickets.)*

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PAYMENT OPTIONS

☐ Please bill me \$ _____

☐ Check *(payable to Nemours)* \$ _____

☐ Credit Card \$ _____

☐ MasterCard

☐ Visa

☐ Amex

☐ Discover

Name (as it appears on card): _____

Address (associated with card): _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____ Exp. Date: _____

Cardholder Signature: _____ Date: _____

SUBMIT

Thank you for your support.

Nemours.org/eveningofpromise

Nemours[®]

**Fund for
Children's Health**