



NORMAN  
REGIONAL

FOUNDATION

## Ambassador Ball | May 1, 2026

- ☐ **Premier Patron (\$10,000)** – Recognition on Gala invitation (if confirmed by 2/1/2026), Premier table for eight, Signage during cocktail hour, Sponsor acknowledgment from podium, Pre- and Post-Event Publicity, Gala Recognition - signage and program, 30-day recognition on the Foundation monitor located at NRHS main entry
- ☐ **Entertainment Patron (\$10,000)** – Recognition on Gala invitation, Premier table for eight, Signage during cocktail hour, Signage on stage in ballroom, Gala Recognition - signage and program, Sponsor acknowledgment from podium, Pre- and Post-Event Publicity, 30-day recognition on the Foundation monitor located at NRHS main entry
- ☐ **Auction Sponsor (\$5,000)** - Recognition on auction paddles and auction signage, Premier table for eight, Sponsor acknowledgment from podium, Pre- and Post-Event Publicity, 30-day recognition on the Foundation monitor located at NRHS main entry
- ☐ **Grand Patron (\$5,000)** – Priority seating for eight, Sponsor acknowledgment from podium, Pre- and Post-Event Publicity (local magazines, NRHF website), Event recognition - signage and program, 30-day recognition on the Foundation monitor located at NRHS main entry
- ☐ **Frontline Praise Patron (\$5,000)** – Table for 8 will be provided to Norman Regional healers to honor their healthcare excellence, Listing in program, event signage, recognition from the podium of sponsor, scholarship recipients, and other frontline healers, 30-day recognition on the Foundation monitor located at NRHS main entry
- ☐ **Noble Patron (\$2,500)** – Preferred seating for four, Event recognition - signage and program, Pre- and Post-Event Publicity (local magazines, NRHF website)
- ☐ **Master Patron (\$1,000)** – Preferred seating for two, Listing in program



Photos from the 2025 Ambassador Ball

# Sponsorship Contract

## Company Information

Company: \_\_\_\_\_

Sponsorship Contact: \_\_\_\_\_

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

Company Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

*\*Sponsorship contact will receive all event-related communications and materials*

Event	Sponsorship Level	Amount
TOTAL:		

### Payment Options:

☐ Check - Please make checks payable to Norman Regional Health Foundation

☐ Invoice - All payment is due 30 days upon invoice

• Billing Preference: \_\_\_\_ By Event \_\_\_\_ One-Time Payment

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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