

JOIN US FOR A NIGHT FILLED WITH
FOOD, FUN AND FRIENDS BENEFITING
HOSPICE & PALLIATIVE CARE OF CABARRUS COUNTY!

Spring Fling

FEATURING “too MUCH SyLvIA”

SATURDAY, MARCH 26, 2022 | CITY CLUB AT GIBSON MILL

5 p.m. – Reception & Silent Auction Opens

6 p.m. – Dinner by The Smoke Pit

7 p.m. – Live Auction

7:30 – 10 p.m. – Hit the dance floor with Music by “too MUCH SyLvIA”

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Atrium Health



TICKETS: \$50.00

Visit AtriumHealthFoundation.org/SpringFling to donate or purchase tickets.

For more information, contact 704-403-5277 or Kristen.Kitchen@AtriumHealth.org.

SPRING FLING Sponsorship and Donor Opportunities:

In order to ensure associated seating for the following opportunities, please note the sponsorship/ticket deadline of March 11, 2022. Table assignments will be established according to level of sponsorship. For additional information, please contact 704-403-5277 or Kristen.Kitchen@AtriumHealth.org.

○ PLATINUM SPONSOR – \$3,000

- Main sponsor(s) of Spring Fling
- Two premium tables (10 per table) and event concierge for you and your guests throughout the evening
- Lead recognition and logo placement on marketing materials, event website and signage
- Verbal recognition during the event
- Speaking opportunity at the event (if desired)
- Opportunity to submit song requests/shout-outs to the band (in advance)
- Sneak peek of auction items for you and your guests

○ SILVER SPONSOR – \$1,000

- One table (10 per table)
- Logo placement on marketing materials, event website and signage
- Verbal recognition during the event

○ TABLE SPONSOR – \$500

- One table (10 per table)
- Name recognition on marketing materials, event website and signage

○ GENERAL ADMISSION TICKET - \$50

○ GOLD SPONSOR – \$2,000

- Two premium tables (10 per table)
- Logo placement on marketing materials, event website and signage
- Verbal recognition during the event
- Opportunity to submit song requests/shout-outs to the band (in advance)
- Sneak peek of auction items for you and your guests

SPONSORSHIPS/TICKETS

I would like a _____ level sponsorship at \$_____.

I would like to purchase _____ tickets at \$50 each.

TOTAL\$_____

Name _____

Company Name _____

Address _____

Phone _____

Email _____

Please make checks payable to Hospice & Palliative Care of Cabarrus County and enclose with your registration form. For credit card payment, please call 704-403-5277 or visit AtriumHealthFoundation.org/SpringFling.