



**2019 PEOPLE OF VISION AWARD DINNER
SPONSORSHIP FORM**

Yes! I want to honor the outstanding leadership of George Rumman & Kingston HealthCare and help in the fight against blindness by participating in the 2019 People of Vision Award Dinner from 5:30pm-8:00pm on March 20, 2019. The dinner will take place at The Pinnacle, 1772 Indian Wood Circle, Maumee, OH.

Friends of the Executive Council -\$10,000 (\$600 of goods & services provided;\$9,400 donation)

Preferred table for 8 guests positioned adjacent to the Honoree/Host; company signage displayed during reception; company logo prominently placed in program; full-page ad in program booklet; recognition from podium; signage recognizing company as a PBO sponsor posted at a community event where PBO is conducting vision screenings; PBO conducts vision screenings at company's location for employees or clients (up to 4 hours)

Friends of the Host/Honoree-S -\$5,000 (\$400 of goods & services provided;\$4,600 donation)

Preferred table for 8 guests positioned adjacent to the Honoree/Host; company logo prominently placed in program; full-page ad in program booklet; recognition from podium; PBO conducts vision screenings at company's location for employees or clients (up to 4 hours)

Benefactor Sponsor -\$3,500
(\$400 goods & services; \$3,100 donation)

Table for 8 guests; company logo prominently placed in program; half-page ad in program booklet; PBO conducts vision screenings at company's location for employees or clients (up to 2 hours)

Corporate Table Sponsor -\$2,000
(\$400 of goods & services provided; \$1,600 donation)

Table for 8 guests; half-page ad in program booklet

Vision Sponsor -\$750
(\$100 of goods & services; \$700 donation)

Two seats; recognition in program booklet

Individual Seats -\$250
(\$50 goods & services; \$200 donation)

Includes one seat

Donation \$ _____

100% of donation is tax-deductible and no table seating is included.

Contact Information

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Payment Information

Invoice Me Check is Included

Charge my Credit Card (complete info below)

Amount to Charge: _____, Exp Date: _____

Card #: _____

Billing Zip: _____ Signature: _____

Send form via email to: darcy@pbohio.org. Send payment to: Prevent Blindness; 1500 W. Third Avenue, Suite 200; Columbus Ohio 43212; Checks should be made payable to Prevent Blindness. Phone: 440-720-1285

NOTE: Tickets will not be sent. Receipt of your pledge or check assures your reservation. Business attire.