



2019 PEOPLE OF VISION AWARD LUNCHEON SPONSORSHIP FORM

Yes! I want to honor the outstanding leadership of Dayton Children’s Hospital & Deborah Feldman and help in the fight against blindness by participating in the 2019 People of Vision Award Luncheon from 11:30am-1:15pm on February 14, 2019. The luncheon will take place at the Dayton Country Club, 555 Kramer Road, Dayton, Ohio.

Friends of the Board/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)

Patron Sponsor - \$3,000
(\$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 - \$1,800
(\$400 of goods & services provided; \$1,600 donation)

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

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

Two seats; recognition in program booklet

Individual Seats - \$250
(\$50 goods & services; \$350 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: _____

Checks should be made payable to Prevent Blindness. Send form to Prevent Blindness; 1500 W. Third Avenue, Suite 200; Columbus Ohio 43212;
Email: amyp@pbohio.org; Fax: 614-481-9670; Phone: 614-464-2020 ext. 119.

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