



**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-1:30pm 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; \$1,400 donation)

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

**Vision Sponsor -\$700**  
(\$100 of goods & services; \$600 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: \_\_\_\_\_

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](mailto: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.**