



## 2021 PEOPLE OF VISION AWARD EVENT SPONSORSHIP FORM

Yes! I want to honor the outstanding leadership of Mr. Daniel J. McCabe and CareSource to help in the fight against blindness by participating in the 2021 People of Vision Award Luncheon from 11:30 a.m.-1:30 p.m. on Friday, February 12, 2021 at the Dayton Country Club, 555 Kramer Rd, Dayton, OH 45419

	Table Seating For	Program Book Ad	Company Logo in Program Book	Vision Screening / Education Hours	Marketing as Premier Sponsor	Community Benefits from Sponsorship
<input type="checkbox"/> <b>Friends of the Board Sponsor- \$10,000</b> (\$9,400 donation/\$600 goods/services provided)	8	Full-Page	✓	4	✓	20 people receive an eye exam & glasses; 500 children receive a sight saving vision screening
<input type="checkbox"/> <b>Friends of the Honoree/Chair Sponsor- \$5,000</b> (\$4,600 donation/\$400 goods/services provided)	8	Full-Page	✓	4		10 people receive an eye exam & glasses; 250 children receive a sight saving vision screening
<input type="checkbox"/> <b>Patron Sponsor- \$3,000</b> (\$2,600 donation/\$400 goods/services provided)	8	Half-Page	✓	2		7 people receive an eye exam & glasses; 150 children receive a sight saving vision screening
<input type="checkbox"/> <b>Corporate Sponsor- \$1,800</b> (\$1,400 donation/\$400 goods/services provided)	8	Half-Page				5 people receive an eye exam & glasses; 100 children receive a sight saving vision screening
<input type="checkbox"/> <b>Vision Sponsor- \$700</b> (\$600 donation/\$100 goods/services provided)	2					75 children receive a sight saving vision screening
<input type="checkbox"/> <b>Individual Seat- \$250</b> (\$200 donation/(\$50 goods/services provided)	1					40 children receive a sight saving vision screening

**Donation (enter amount) \$** \_\_\_\_\_  
(No goods/services provided)

### 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 completed form to: [crystalc@pbohio.org](mailto:crystalc@pbohio.org) Phone: 800-301-2020, Ext 301

Checks should be made payable to Prevent Blindness and mailed to Prevent Blindness, 1500 W. Third Avenue, Suite 200, Columbus Ohio 43212.

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