



2021 PEOPLE OF VISION AWARD EVENT SPONSORSHIP FORM

Yes! I want to honor the outstanding leadership of Safelite and the Safelite AutoGlass Foundation and help in the fight against blindness by participating in the 2021 People of Vision Award event from 5:30 p.m.-7:30 p.m. on March 18, 2020 at The Grand Event Center, 820 Goodale Blvd, Columbus, Ohio 43212.

	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"/> Friends of the Board Sponsor- \$10,000 (\$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"/> Friends of the Honoree/Chair Sponsor- \$5,000 (\$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"/> Patron Sponsor -\$3,500 (\$3,100 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"/> Corporate Sponsor -\$2,000 (\$1,600 donation/\$400 of goods/services provided)	8	Half-Page				5 people receive an eye exam & glasses; 100 children receive a sight saving vision screening
<input type="checkbox"/> Vision Sponsor- \$800 (\$700 donation/\$100 goods/services provided)	2					75 children receive a sight saving vision screening
<input type="checkbox"/> Individual Seat- \$400 (\$350 donation/\$50 of 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: amyp@pbOhio.org; Phone: 800-301-2020, Ext 119

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.