



Prevent Blindness

Our Vision Is Vision.

2023 SOUTHWEST OHIO PEOPLE OF VISION AWARD SPONSORSHIP FORM

Yes! I want to honor the outstanding leadership of KeyBank and Mike McCuen and help in the fight against blindness by participating in the 2023 People of Vision Award Dinner from 5:30-8:00 pm on March 21, 2023 at Cintas Center at Xavier University, 1624 Herald Ave., Cincinnati, OH 45207

| | 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"/> Premier Sponsor- \$10,000 (\$600 of 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/Host Sponsor- \$5,000 (\$400 of 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 (\$400 of 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 (\$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- \$750 (\$100 of goods/ services provided) | 2 | | | | | 71 children receive a sight saving vision screening |
| <input type="checkbox"/> Individual Seat- \$250 (\$50 of goods/ services provided) | 1 | | | | | 25 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: andreak@pbohio.org; Phone: 800-301-2020, Ext 201

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.