# 24TH PEOPLE OF VISION CELEBRATION

**Come join Prevent Blindness Ohio for a People of Vision Celebration like never before!**

Prevent Blindness Ohio is **reimagining our once luncheon to a premium networking event**. The People of Vision Celebration has long honored community visionaries; this year, we are elevating the experience, so **every guest connects more meaningfully with the leaders, advocates, and partners in the room**. Along with this new format we are introducing our vision simulation experiential stations. **These stations let you "see through the eyes of others," giving you a firsthand view of how vision loss changes the way people see the world.** Turning a night of networking into a lasting moment of empathy and understanding.

Your presence matters. Every connection made here strengthens the community working to prevent blindness and preserve sight, and proceeds support our Vision Care Outreach Program.

**Join us to build relationships, gain a new perspective, and help more people see a brighter future.**

Date: February 17, 2027
5:00pm - 6:15pm: Registration, Networking, Hors d'oeuvres
6:15pm - 7:00pm: Program
Location: The Toledo Club, 235 14th Street, Toledo, OH 43604

## SPONSORSHIP LEVELS

What's Included

| | Friend $5,000 | Patron $3,500 | Corporate $2,000 | Vision $800 | Individual Ticket $150 |
|---|---|---|---|---|---|
| | $4,440 donation $560 goods & services | $2,940 donation $560 goods & services | $1,440 donation $560 goods & services | $520 donation $280 goods & services | $80 donation $70 goods & services |
| # of Seats | 8 | 8 | 8 | 4 | 1 |
| Program Book Ad Size | Full Page | Half Page | Half Page | | |
| Company Logo in Program Book | X | X | | | |
| PBO Vision Screening/Education Hours | 4 | 2 | | | |
| I Want This Sponsorship | ☐ | ☐ | ☐ | ☐ | ☐ |

**Contact Information**

Name: _____
Company Name: _____
Company Address: _____
Phone: _____
Email: _____

I can't make it, but I would still like to make a donation in the amount of
$_____

**Payment Information**

Form of Payment:
☐ Send invoice for amount of: $ _____
☐ Check enclosed payable to Prevent Blindness Ohio
☐ Credit Card: VISA/MC/AMEX/DISCOVER
in amount of $_____
Card #: _____
Exp Date: _____
Billing Zip: _____
Signature: _____

***Send forms/checks to Darcy Downie: Prevent Blindness Ohio, 585 S. Front St., Ste 220, Columbus, OH 43215 | Darcyd@pbohio.org | 800.301.2020, x 401***
***NOTE: Tickets will NOT be sent out. Receipt of your pledge or check assures your reservation. Business Attire.***

# 24TH PEOPLE OF VISION CELEBRATION

Prevent Blindness Ohio is so thankful to have sponsors like you support our mission: **to prevent blindness and preserve sight**. Preserving sight is so much more than making sure people in your community are getting an eye exam and glasses, it's making sure the people in your community are able to stay independent and maintain the lifestyle they want to live.

**Please check out how your sponsorship helps Prevent Blindness Ohio reach those in your community.**

| | |
|---|---|
| **Friend $5,000** | • 20 people receive an eye exam & glasses<br>• 350 children receive a sight saving vision screening |
| **Patron $3,500** | • 15 people receive an eye exam & glasses<br>• 250 children receive a sight saving vision screening |
| **Corporate $2,000** | • 10 people receive an eye exam & glasses<br>• 125 children receive a sight saving vision screening |
| **Vision $800** | • 65 children receive a sight saving vision screening |
| **Individual Ticket $150** | • 20 children receive a sight saving vision screening |

## Protecting Vision in Your Community

*2025 - 2026 Program Year Results*

> *"I'm so grateful or this program. It is such a blessing to be able to have quality eyecare at no cost to me. My insurance does not cover this, so it would be a hardship to have this expense every year. I appreciate this program and thank you very much!"*
>
> -Julie O.

> *"I received a very through eye exam with a new prescription that addresses my astigmatism. I am grateful to Prevent Blindness Ohio for my new glasses!"*
>
> -Patricia R.

**NORTHEAST OHIO**

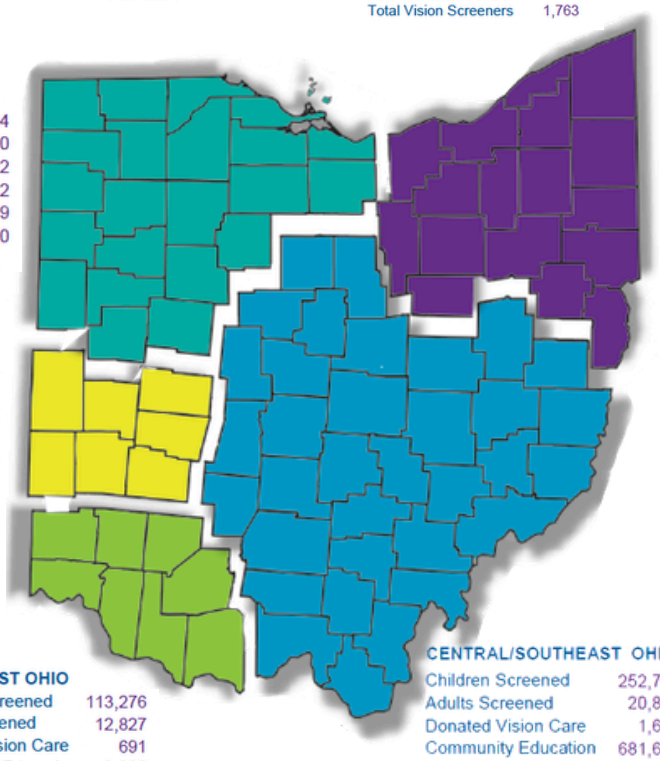
| | |
|---|---|
| Children Screened | 398,815 |
| Adults Screened | 28,478 |
| Donated Vision Care | 1,094 |
| Community Education | 1,384 |
| New Vision Screeners | 832 |
| Total Vision Screeners | 1,763 |

**NORTHWEST OHIO**

| | |
|---|---|
| Children Screened | 96,364 |
| Adults Screened | 15,250 |
| Donated Vision Care | 562 |
| Community Education | 1,362 |
| New Vision Screeners | 199 |
| Total Vision Screeners | 560 |

**MIAMI VALLEY OHIO**

| | |
|---|---|
| Children Screened | 84,659 |
| Adults Screened | 12,659 |
| Donated Vision Care | 448 |
| Community Education | 2,115 |
| New Vision Screeners | 185 |
| Total Vision Screeners | 480 |



**STATEWIDE**

| | |
|---|---|
| Children Screened | 945,886 |
| Adults Screened | 90,061 |
| Donated Vision Care | 4,404 |
| Community Education | 688,602 |
| New Vision Screeners | 2,043 |
| Total Vision Screeners | 4,544 |

**SOUTHWEST OHIO**

| | |
|---|---|
| Children Screened | 113,276 |
| Adults Screened | 12,827 |
| Donated Vision Care | 691 |
| Community Education | 2,062 |
| New Vision Screeners | 269 |
| Total Vision Screeners | 577 |

**CENTRAL/SOUTHEAST OHIO**

| | |
|---|---|
| Children Screened | 252,770 |
| Adults Screened | 20,848 |
| Donated Vision Care | 1,609 |
| Community Education | 681,679 |
| New Vision Screeners | 558 |
| Total Vision Screeners | 1,164 |