



**17th ANNUAL PEOPLE OF VISION AWARD DINNER**  
**SPONSORSHIP FORM**

**Yes! I want to honor the outstanding leadership of Mr. Bob Baxter & Mercy Health North and help in the fight against blindness by participating in the 17<sup>th</sup> Annual People of Vision Award Dinner from 5:30 p.m. - 8:00 p.m. on Wednesday, March 18, 2020. The dinner will take place at Inverness Club, 4601 Dorr Street, Toledo.**

**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 - \$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)

**Benefactor Sponsor - \$3,500**  
(\$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 - \$2,000**  
(\$400 of goods & services provided; \$1,600 donation)

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

**Vision Sponsor - \$750**  
(\$100 of goods & services; \$650 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: \_\_\_\_\_

**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: [darcy@pbo.org](mailto:darcy@pbo.org); Phone: 440-720-1285 ext. 401.

**NOTE: Tickets will not be sent. Receipt of your pledge or check assures your reservation. Business Attire. Cash Bar Available**