



24th ANNUAL PEOPLE OF VISION AWARD DINNER SPONSORSHIP FORM

Yes! I want to honor the outstanding leadership of Mr. Dan Neistadt and Electronic Merchant Systems and help in the fight against blindness by participating in the 24th Annual People of Vision Award Dinner from 5:30 p.m. - 8:00 p.m. on Wednesday, February 26, 2020. The dinner will take place at Music Box Supper Club, 1148 Main Avenue, Cleveland.

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; Phone: 440-720-1285 ext. 401.

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