



**2020 PEOPLE OF VISION AWARD DINNER
SPONSORSHIP FORM**

Yes! I want to honor the outstanding leadership of Xavier University & Fr. Michael Graham and help in the fight against blindness by participating in the 2020 People of Vision Award Dinner from 5:30-8:00pm on Wednesday, March 25, 2020. The dinner will take place at Cintas Center, Xavier University, 1624 Herald Ave, Cincinnati, OH 45207.

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-S -\$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)

Patron Sponsor -\$3,000
(\$400 goods & services; \$2,600 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 -\$1,800
(\$400 of goods & services provided; \$1,400 donation)

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

Vision Sponsor -\$700
(\$100 of goods & services; \$600 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: _____ 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: jeanm@pbohio.org; Phone: 937-223-8766, Ext 301

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.