



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

**Yes! I want to honor the outstanding leadership of Nationwide Insurance and help in the fight against blindness by participating in the 2020 People of Vision Award dinner from 5:30pm-8:00pm on a March 2020 date to be determined.**

**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)

**Patron 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 -\$800**  
(\$100 of goods & services; \$700 donation)

Two seats; recognition in program booklet

**Individual Seats -\$400**  
(\$50 goods & services; \$350 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: \_\_\_\_\_

Checks should be made payable to Prevent Blindness. Send form to Prevent Blindness; 1500 W. Third Avenue, Suite 200; Columbus Ohio 43212; Email: [amyp@pbohio.org](mailto:amyp@pbohio.org); Fax: 614-481-9670; Phone: 614-464-2020 ext. 119.

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