

# Kidney Foundation of Ohio 27th Annual Gala

## **2019 Person of the Year**

Dr. Ron Flauto  
*Americare Kidney Institute*

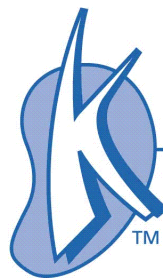
## **Legacy Award**

The Robert J. Wazbinski Family

**Saturday, February 9, 2019**

Cleveland Marriott Downtown at Key Center

6:30pm—10:30pm



**KIDNEY FOUNDATION**  
**OF OHIO, INC.**

# ABOUT THE KFO

The Kidney Foundation of Ohio is dedicated to providing a broad-based program of direct assistance to those with kidney disease and promoting and providing educational programming for the general public, renal professionals, and patients and their families. It is our goal that all people with renal disease or transplant recipients will be accepted in the community and have a measurably improved quality of life and function as a result of the services provided by the Kidney Foundation of Ohio.

What began as a small group of families and physicians has become the premier agency in Ohio for providing direct assistance and education to those suffering from the effects of kidney failure. The Kidney Foundation remains the only health and human services agency in Northeast Ohio which continues to provide direct dollars to patients to assist through the devastation of kidney disease. **The Foundation remains an Ohio-based organization and all funds raised in Ohio, stay in Ohio to help our patients.**

## WHO WE HELP

*The following programs address the financial needs of people suffering with kidney disease and help them improve compliance. These programs are free of charge to kidney patients within the Foundation's service area:*

- Medication Assistance
- Transportation Reimbursement
  - Emergency Grant
  - Emergency Insulin
  - Supportive Services
- Community, Professional, and Youth Education

**293**

**patients received  
medication  
assistance**

**511**

**patients received  
transportation  
assistance**

**174**

**patients received  
emergency  
assistance**

*Numbers reflect patients assisted in 2017*  
Learn more at [www.kfohio.org](http://www.kfohio.org)



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# SPONSOR BENEFITS

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## DIAMOND SPONSOR (\$10,000)

- 20 tickets to event (2 tables)
- Logo listed on event invitation *(if confirmed by November 16)*
  - Logo listed on social media & e-blasts
  - Logo listed in event program book
- Full page advertisement in event program book
- Advertisement on scrolling presentation during event
  - Verbal recognition at event
- Additional favors for event attendees

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## PLATINUM SPONSOR (\$5,000)

- 10 tickets to event (1 table)
- Name listed on social media & e-blasts
  - Name listed in event program book
- Half page advertisement in event program book
- Advertisement on scrolling presentation during event

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## GOLD SPONSOR (\$2,500)

- 8 tickets to event (1 table)
- Name listed in event program book
- Advertisement on scrolling presentation during event

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## EVENT TICKET (\$250)

- Includes hors d'oeuvres, dinner, dessert, beverages, live entertainment and valet parking

**Complete back of form to confirm sponsorship**



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# AGREEMENT FORM

Sponsorship of the Kidney Foundation of Ohio Gala provides great opportunity to reach a wide audience of community members, medical professionals, and patients while helping fight against kidney disease.

## SPONSORSHIP SELECTION

- |                                   |          |  |                      |
|-----------------------------------|----------|--|----------------------|
| <input type="checkbox"/> DIAMOND  | \$10,000 | <input type="checkbox"/> EVENT TICKET              | # _____ (\$250/each) |
| <input type="checkbox"/> PLATINUM | \$5,000  | <input type="checkbox"/> DONATION                  | \$ _____             |
| <input type="checkbox"/> GOLD     | \$2,500  | <i>Unable to attend, but would like to support</i> |                      |

This commitment will be fulfilled by:  Check (*payable to Kidney Foundation of Ohio*)  
 Credit card  
 Send Invoice

Individual/Company: \_\_\_\_\_

THIS LISTING WILL APPEAR IN PRINTED MATERIALS

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*If paying by credit card*

Name as it appears on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**

**ATTN: Annette Fetter**  
**Kidney Foundation of Ohio**  
**2831 Prospect Avenue**  
**Cleveland, OH, 44115**  
**(Fax) 216.771.5114 | [afetter@kfohio.org](mailto:afetter@kfohio.org)**

**Please return forms no later than Friday, January 4, 2019**  
**Questions? Call (216) 771-2700**



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