

KIDNEY FOUNDATION OF OHIO

31st Annual Gala

SATURDAY, MARCH 4, 2023 | 6:30PM

CLEVELAND MARRIOTT DOWNTOWN

2023 Person of the Year

MAHBOOB RAHMAN, MD

Chief, Division of Nephrology and Hypertension, University Hospitals Cleveland Medical Center

Peter B. DeOreo, MD, Endowed Chair in Nephrology and Dialysis

















Professor of Medicine, Case Western Reserve University

Louis Stokes Cleveland VA Medical Center

Lifetime Achievement Award

HAIFA HANNA, MD

SPONSOR BENEFITS

	PRESENTING	PLATINUM	DIAMOND	GOLD	SILVER
	\$15,000	\$10,000	\$7,500	\$5,000	\$2,500
EVENT TICKETS	UP TO 30	UP TO 20	UP TO 16	UP TO 10	UP TO 8
LISTING ON EVENT PRESENTATION	LOGO	LOGO	LOGO	NAME	NAME
LISTING IN PROGRAM BOOK	LOGO <i>(on cover)</i>	LOGO	LOGO	NAME	NAME
AD ON EVENT PRESENTATION					
SOCIAL MEDIA PROMOTION	60 SECOND VIDEO OR IMAGE	30 SECOND VIDEO OR IMAGE	15 SECOND VIDEO OR IMAGE	IMAGE OR LOGO	LOGO
VERBAL RECOGNITION					
PROGRAM BOOK ADVERTISEMENT	FULL PAGE <i>(premier location)</i>	FULL PAGE	HALF PAGE	QUARTER PAGE	
LOGO ON ONLINE AUCTION SITE					
LISTING IN EMAIL MARKETING	LOGO	LOGO	NAME	NAME	
EVENT SEATING	PREMIER	PREFERRED			
LOGO ON INVITATION <i>(IF CONFIRMED BY DEC. 5)</i>	PRESENTED BY				
SPEAKING OPPORTUNITY					
MEDIA RECOGNITION					

Complete payment form to confirm sponsorship



AGREEMENT FORM

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

- | | | | |
|-------------------------------------|----------|---------------------------------------|-------------------|
| <input type="checkbox"/> PRESENTING | \$15,000 | <input type="checkbox"/> FULL PAGE AD | \$1,000 |
| <input type="checkbox"/> PLATINUM | \$10,000 | <input type="checkbox"/> HALF PAGE AD | \$500 |
| <input type="checkbox"/> DIAMOND | \$7,500 | <input type="checkbox"/> EVENT TICKET | #___ (\$250/each) |
| <input type="checkbox"/> GOLD | \$5,000 | <input type="checkbox"/> DONATION | |
| <input type="checkbox"/> SILVER | \$2,500 | | \$ _____ |

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 (visit kfohio.org/events.html to pay online)

Name as it appears on card: _____

Credit Card Number: _____

Exp. Date: _____ CVV: _____ Billing Zip Code: _____

PLEASE RETURN THIS FORM BY FEBRUARY 1 TO:

ATTN: Annette Fetter

Kidney Foundation of Ohio

2831 Prospect Avenue

Cleveland, OH, 44115

(Phone) 216.771.2700 | (Fax) 216.771.5114

afetter@kfohio.org

