



SUMMER SOIREE

Thursday, July 27 | 6:00-10:00pm
Nuevo Modern Mexican & Tequila Bar

Platinum Sponsor: \$5,000

- Twenty (20) tickets to event which includes dinner, two (2) drink tickets & parking
- Company logo on event invitation *(if confirmed by May 8)*
- Company logo on e-newsletter for three (3) months *(if confirmed by June 19)*
- Company logo on KFO website, social media, e-blasts, event signage, and auction site
- Spoken recognition night of event
- Opportunity for representative from company to speak at event

Gold Sponsor: \$2,500

- Ten (10) tickets to event which includes dinner, two (2) drink tickets & parking
- Company logo on event invitation *(if confirmed by May 13)*
- Company logo on e-newsletter for two (2) months *(if confirmed by July 15)*
- Company logo on social media, and e-blasts, event signage, and auction site
- Spoken recognition night of event

Silver Sponsor: \$1,500

- Six (6) tickets to event which includes dinner, two (2) drink tickets & parking
- Company name on social media, e-blasts, and event signage
- Spoken recognition night of event

Bronze Sponsor: \$1,000

- Four (4) tickets to event which includes dinner, two (2) drink tickets & parking
- Company name on event signage
- Spoken recognition night of event



SPONSORSHIP AGREEMENT FORM

Sponsorship of the Kidney Foundation of Ohio Summer Soiree event provides great opportunity to reach a wide audience of community members while helping fight against kidney disease.

SPONSORSHIP OPPORTUNITIES

- | | | | |
|-----------------------------------|---------|--|----------|
| <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> | |
| <input type="checkbox"/> SILVER | \$1,500 | | |
| <input type="checkbox"/> BRONZE | \$1,000 | | |

We will fulfill this commitment by: Check, payable to Kidney Foundation of Ohio
 Credit card
 Send Invoice

Company Name : _____

THIS LISTING WILL APPEAR IN PRINTED MATERIALS

Contact: _____

Address: _____

Phone: _____ Email : _____

If paying by credit card

Name on Credit Card: _____

Credit Card Number: _____

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

**PLEASE FAX/MAIL/EMAIL THIS FORM TO: Annette Fetter
Kidney Foundation of Ohio | 2831 Prospect Avenue | Cleveland, OH | 44115
(Phone) 216.771.2700 | (Fax) 216.771.5114 | afetter@kfohio.org**

Payment can be made online at kfosoiree23.givesmart.com