

KIDNEY FOUNDATION OF OHIO

32nd Annual Gala

SATURDAY, MARCH 2, 2024 | 6:30PM

CLEVELAND MARRIOTT DOWNTOWN

2024 Person of the Year

EMILIO POGGIO, MD

















Lifetime Achievement Award

ROMEO MICLAT, MD



KIDNEY FOUNDATION
OF OHIO, INC.

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. 11)</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

