

KIDNEY FOUNDATION OF OHIO



A Night of

WONDERS

34th Annual Gala

SATURDAY, MARCH 7  CLEVELAND MARRIOTT DOWNTOWN

Featuring...

2026 PERSON OF THE YEAR

DR. LAVINIA NEGREA



KIDNEY FOUNDATION
OF OHIO, INC.



SPONSOR BENEFITS



PROGRAM BOOK DEADLINE: FEBRUARY 16
GUEST LIST DEADLINE: FEBRUARY 23
PRESENTATION DEADLINE: MARCH 2



	BIG TOP \$15,000	MARQUEE \$10,000	CENTER STAGE \$7,500	GRANDSTAND \$5,000	SHOWSTOPPER \$2,500
EVENT TICKETS	UP TO 24	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	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	LOGO	NAME
VERBAL RECOGNITION					
PROGRAM BOOK ADVERTISEMENT	FULL PAGE	FULL PAGE	HALF PAGE	QUARTER PAGE	
LOGO ON AUCTION SITE					
LISTING IN EMAIL MARKETING	LOGO	LOGO	NAME	NAME	
EVENT SEATING	PREMIER	PREFERRED			
LOGO ON INVITATION (IF CONFIRMED BY DEC 12)					
SPEAKING OPPORTUNITY					
MEDIA RECOGNITION					

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.

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NAME: _____

PHONE: _____ EMAIL: _____

- | | | | |
|---------------------------------------|----------|---------------------------------------|---------------------|
| <input type="checkbox"/> BIG TOP | \$15.000 | <input type="checkbox"/> FULL PAGE AD | \$1.000 |
| <input type="checkbox"/> MARQUEE | \$10.000 | <input type="checkbox"/> HALF PAGE AD | \$500 |
| <input type="checkbox"/> CENTER STAGE | \$7.500 | <input type="checkbox"/> EVENT TICKET | # ____ (\$250/EACH) |
| <input type="checkbox"/> GRANDSTAND | \$5.000 | <input type="checkbox"/> DONATION | \$ _____ |
| <input type="checkbox"/> SHOWSTOPPER | \$2.500 | | |

THIS COMMITMENT WILL BE FULFILLED BY:

- CHECK (PAYABLE TO KIDNEY FOUNDATION OF OHIO)
- CREDIT CARD (2% PROCESSING FEE WILL APPLY)
- ACH PAYMENT

IS AN INVOICE NEEDED? YES NO

EMAIL FOR INVOICE: _____

IF PAYING BY CREDIT CARD

NAME AS IT APPEARS ON CARD: _____

CARD NUMBER: _____

EXP. DATE: _____ CVV: _____ BILLING ZIP CODE: _____

EMAIL FOR PAYMENT RECEIPT: _____



PLEASE RETURN FORM TO:
KIDNEY FOUNDATION OF OHIO
ATTN: EMILY POWELL
2831 PROSPECT AVENUE
CLEVELAND, OH, 44115
216.771.2700
EPOWELL@KFOHIO.ORG