



World Kidney Month

March 1-31, 2026

March is World Kidney Month, a global campaign aimed at raising awareness of the importance of our kidneys to our overall health, and to reduce the frequency and impact of kidney disease and its associated health problems.

Throughout the month, sponsors will be promoted via email marketing, social media, and print materials to our distribution list of more than 4,000 individuals.

An educational event will take place on Saturday, March 21st at Dave's Supermarket and Eatery, 1929 East 61st Street, Cleveland, 44103. This event will be targeted at the general public, patients, caregivers, healthcare professionals, and our community supporters.

All of the proceeds from World Kidney Month sponsorships directly benefit our patient assistance programs that provide medication, transportation, and emergency grants to individuals impacted by kidney disease in northern and eastern Ohio.

Thank you for your consideration!

Sponsorship Levels

Gold Sponsor: \$1,000

- Premier promotion during March 21 program, including vendor table at event
- Company spotlight on social media and email
- Company logo on social media, email marketing, and printed promotional materials

Silver Sponsor: \$500

- Company name on social media, email marketing, and printed promotional materials
- Company spotlight on social media

Complete payment form on back to confirm sponsorship.



Sponsorship Agreement Form

Sponsorship of World Kidney Month provides great opportunity to reach an audience of patients, family members, health professionals and community members while helping fight against kidney disease.

Sponsorship Opportunities

- GOLD \$1,000
- SILVER \$500
- DONATION \$_____

We will fulfill this commitment 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: _____ Security Code: _____ Billing Zip Code: _____

PLEASE MAIL/EMAIL/FAX COMPLETED FORM TO: Emily Powell

Kidney Foundation of Ohio | 6060 Rockside Woods Blvd N suite 117 | Independence, OH 44131

Phone: (216) 771-2700 | Fax: (216) 771-5114 | epowell@kfohio.org