

Shine Bright

◆◆◆ Down by the Shoreby

Thursday, July 24 | 6:00-9:30pm

Shoreby Club

40 Shoreby Dr, Bratenahl, OH 44108

Diamond Sponsor: \$5,000

- Sixteen (16) tickets to event which includes dinner, two (2) drink tickets & valet parking
- Company logo on e-newsletter for three (3) months *(if confirmed by June 13)*
- Company logo on e-blasts, event signage, and auction site
- Company name on social media
- Spoken recognition night of event

Emerald Sponsor: \$2,500

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

Ruby Sponsor: \$1,500

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

Sapphire Sponsor: \$1,000

- Four (4) tickets to event which includes dinner, two (2) drink tickets & valet 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.

SPONSORSHIP OPPORTUNITIES

- | | | | |
|-----------------------------------|---------|--|----------|
| <input type="checkbox"/> DIAMOND | \$5,000 | <input type="checkbox"/> DONATION | \$ _____ |
| <input type="checkbox"/> EMERALD | \$2,500 | <i>Unable to attend, but would like to support</i> | |
| <input type="checkbox"/> RUBY | \$1,500 | | |
| <input type="checkbox"/> SAPPHIRE | \$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 (or visit kfsoiree25.givesmart.com)

Name on Credit Card: _____

Credit Card Number: _____

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

PLEASE MAIL/EMAIL THIS FORM TO: Annette Fetter

Kidney Foundation of Ohio | 2831 Prospect Avenue | Cleveland, OH | 44115

(Phone) 216.771.2700 | afetter@kfohio.org