



"Lend Your Voice- Health Care For All"

Annual Tribute and Fundraising Event
 May 16, 2019 5pm-7pm Lincoln Theater

Thank You for Being a Committed Sponsor!

For Sponsorships, please select the sponsorship level:

Sustainer _____ Champion _____ Guardian _____ Activist _____ Advocate _____ Organizer _____

<input type="checkbox"/> Mission Sustainer	<input type="checkbox"/> Champion	<input type="checkbox"/> Guardian	<input type="checkbox"/> Activist	<input type="checkbox"/> Advocate	<input type="checkbox"/> Organizer
\$10,000 & above	\$3,000 & above	\$2,000 & above	\$1,000 & above	\$500 & above	\$250 & above
<ul style="list-style-type: none"> • Full page color ad in Event Program & Special Recognition During the Event • Table at the Program 	<ul style="list-style-type: none"> • Full page color ad in Event Program and Listing in Promotional Materials • Five tickets to the Program 	<ul style="list-style-type: none"> • Full page ad in Event Program and Listing in Promotional Materials • Four tickets to the Program 	<ul style="list-style-type: none"> • 1/2 page ad in Event Program and Listing in Promotional Materials • Three tickets to the Program 	<ul style="list-style-type: none"> • 1/4 page ad in Event Program and Listing in Promotional Materials • Two tickets to the Program 	<ul style="list-style-type: none"> • Listing in Event Program and Promotional Materials • Two tickets to the Program

Congratulate Our Honorees! Place an Ad in the Event Program Booklet!

Full Page Ad (5 1/2 x 8 1/2) \$400	Half Page Ad (5 1/2 x 4 1/4) \$200	1/4 Page Ad (2 3/4 x 2 1/8) \$125	Patrons List \$50
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Please select ad size:

Full Page _____ Half Page _____ Quarter Page _____ Patron's List _____

Please provide camera ready materials. For non-camera ready materials add 10.00%

Deadline for Ads: Friday May 3, 2019

Name or Organization: _____

Name or Organization for Patron's list (if different from above) _____

Address: _____ City/State/ZIP: _____

Phone: _____ Email: _____

Ad Authorized by: _____ Date: ____/____/____ Total enclosed: \$ _____

Send your check with this form to: UHCAN Ohio 35 E. Gay Street, Ste. 404, Columbus, OH 43215. Fax to: 800-978-9960
 If you have any questions contact Charlotte Rudolph crudolph@uhcanohio.org or 614-441-9145- option 2

UHCAN Ohio is a 501c (3) non-profit organization working for health care for all Ohioans. All donations are tax deductible except for ads and the cost per person attending the event.