



"Lend Your Voice- Health Care For All"

Annual Tribute and Fundraising Event

May 18, 2022 7pm Virtual Event

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 on Program Booklet Inside Cover, Podium Recognition During Event • Premium Placement in All Promotional Materials and Social Media 	<ul style="list-style-type: none"> • Full page Color Ad in Program Booklet with Premium Placement, Recognition in Mass Emails, Promotional Materials and Social Media 	<ul style="list-style-type: none"> • Full page Black and White Ad in Program Booklet, • Listing in Promotional Materials, Social Media and Emails 	<ul style="list-style-type: none"> • 1/2 page Black and White Ad in Program Booklet & Listing in Promotional Materials & Emails 	<ul style="list-style-type: none"> • 1/4 page Black and White Ad in Program & Listing in Promotional Materials 	<ul style="list-style-type: none"> • Listing in Program Booklet and Promotional Materials

Congratulate Our Honorees!

Place an Ad in the Event Program Booklet!

Full Page Ad (5 1/2 x 8 1/2) \$450	Half Page Ad (5 1/2 x 4 1/4) \$250	1/4 Page Ad (2 3/4 x 2 1/8) \$150	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 6, 2022

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 form and payment to: UHCAN Ohio 360 S. 3rd St., Columbus, OH 43215 or Pay Online at www.uhcanohio.org

If you have questions contact Charlotte Rudolph crudolph@uhcanohio.org or 614-505-9460

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.