



## "Lend Your Voice- Health Care For All"

Annual Tribute and Fundraising Event

Thursday, June 5, 2025 5:00pm- 7:30pm

Lincoln Theater Ballroom, 769 E. Long Street, Columbus Ohio 43203

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

| Full Page Ad<br>(5 1/2 x 8 1/2)<br>\$450 | Half Page Ad<br>(5 1/2 x 4 1/4)<br>\$250 | 1/4 Page Ad<br>(2 3/4 x 2 1/8)<br>\$150 | Patrons List<br>(name only)<br>\$50 |
|--|--|---|-------------------------------------|
|--|--|---|-------------------------------------|

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: Tuesday, May 20, 2025

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: \$ \_\_\_\_\_

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"> <li>Premium Color Ad Placement &amp; Listing in Wall Banner, Podium Recognition During the Event</li> <li>Reserved Table &amp; All Promotional Materials</li> <li>Table at the Program</li> </ul> | <ul style="list-style-type: none"> <li>Full page color ad in Program, Reserved Table w/Logo Tents, Wall Banner Listing &amp; Prominent Listing in all Promotional Materials</li> <li>Five tickets to the Program</li> </ul> | <ul style="list-style-type: none"> <li>Full page color ad in Program, Logo Table Tent, Listing in Promotional Materials &amp; Social Media Posts</li> <li>Four tickets to the Program</li> </ul> | <ul style="list-style-type: none"> <li>1/2-page color ad in Program &amp; Listing in Promotional Materials</li> <li>Three tickets to the Program</li> </ul> | <ul style="list-style-type: none"> <li>1/4-page color ad in Program &amp; Listing in Promotional Materials</li> <li>Two tickets to the Program</li> </ul> | <ul style="list-style-type: none"> <li>Listing in Event Program</li> <li>1 ticket to the Program</li> </ul> |

Send your check with this form (or request invoice) to: UHCAN Ohio 215 N. Front St., Ste. 310, Columbus, OH 43215.

If you have any questions, contact Charlotte Rudolph [crudolph@uhcanohio.org](mailto:crudolph@uhcanohio.org) or 614-505-9460. Fax: 1-800-978-9960

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.