



“Lend Your Voice- Health Care For All”

Annual Tribute and Fundraising Event

Thursday, May 21, 2026 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 (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 (name only) \$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: Thursday April 30, 2026

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

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 (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 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.