

# OSBF 75<sup>th</sup> ANNIVERSARY GALA

CELEBRATING A LEGACY OF JUSTICE AND SERVICE

OCTOBER 23, 2026 • THE STACK AT MUNICIPAL LIGHT PLANT • 589 W. NATIONWIDE BLVD., COLUMBUS, OH 43215

## Sponsorship & Marketing OPPORTUNITIES

*Celebrate the people and programs whose outstanding community service has advanced OSBF's mission to build a better justice system.*

| Benefits                                                 | \$20,000<br>Presenting<br>(1 available) | \$7,500<br>Partner<br>(3 available) | \$5,000<br>Counselor<br>(unlimited) | \$2,500<br>Fellow<br>(unlimited) | \$1,000<br>Associate<br>(unlimited) |
|----------------------------------------------------------|-----------------------------------------|-------------------------------------|-------------------------------------|----------------------------------|-------------------------------------|
| VERBAL RECOGNITION DURING EVENT                          | DURING OPENING REMARKS                  |                                     |                                     |                                  |                                     |
| LOGO ON STEP & REPEAT                                    |                                         |                                     |                                     |                                  |                                     |
| LOGO IN EVENT SLIDESHOW                                  |                                         |                                     |                                     |                                  |                                     |
| LOGO ON EVENT PROMOTIONS (WEBSITE, EMAILS, SOCIAL MEDIA) |                                         |                                     |                                     |                                  |                                     |
| AD IN EVENT PROGRAM                                      | FULL PAGE                               | 1/2 PAGE                            | 1/4 PAGE                            |                                  |                                     |
| SOCIAL MEDIA SPOTLIGHT POST                              |                                         |                                     |                                     |                                  |                                     |
| RECOGNITION IN GRATITUDE REPORT                          |                                         |                                     |                                     |                                  |                                     |
| RECOGNITION IN FUTURE ISSUE OF <i>THE BRIEF</i>          |                                         |                                     |                                     |                                  |                                     |
| EVENT SEATING                                            | VIP FOR 8 GUESTS                        | VIP FOR 8 GUESTS                    | VIP FOR 8 GUESTS                    | VIP FOR 8 GUESTS                 | PRIORITY FOR 4 GUESTS               |



### MAKE YOUR *Tribute Gift:*

Make a tribute gift to honor an awardee, organization, or individual of your choice. Your name will be included in the event program. Your gift will be acknowledged, and a notification sent to the individual or organization you honored.

Visit [www.osbf.org/tribute](http://www.osbf.org/tribute) to make a gift.

OSBF  
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## Sponsorship ENROLLMENT FORM

*Please confirm your attendee list by October 10.*

Sponsor Name (as you would like it to appear in the program) \_\_\_\_\_

Sponsorship Contact \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Your Name, email, phone (if different) \_\_\_\_\_

### Select Your Sponsorship Commitment

☐ Presenting Sponsor (\$20,000)

☐ Partner Sponsor (\$7,500)

☐ Counselor Sponsor (\$5,000)

☐ Fellow Sponsor (\$2,500)

☐ Associate Sponsor (\$1,000)

☐ I would like to make a Tribute Gift:

Company/Individual to be acknowledged \_\_\_\_\_

### Payment Information

☐ Our check is enclosed. (Checks payable to the Ohio State Bar Foundation)

☐ Our check will follow.

☐ We will pay by credit card.

☐ Visa

☐ MasterCard

☐ American Express

☐ Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

–OR–

Visit [www.osbf.org/sponsorpay](http://www.osbf.org/sponsorpay) to make a payment.