

SPONSORSHIP AND MARKETING *Opportunities*

Benefits

\$10,000 SOLD
Presenting

\$5,000
Gold (2 available)

\$2,500
Silver (3 available)

\$1,000
Bronze (8 available)

\$500
Prism

VERBAL RECOGNITION
DURING PROGRAM

INTRO

COMPANY LOGO AND LINK ON
OSBF LANDING PAGE FOR 1 MONTH

PRIORITIZED LOGO PLACEMENT
ON OSBF EVENT LANDING PAGE

COMPANY SIGNAGE
AT EVENT

COMPANY LOGO
IN DIGITAL INVITATION

SOCIAL MEDIA MENTIONS
PRE & POST EVENT

EVENT TICKETS

RECOGNITION IN EVENT PROGRAM

RECOGNITION IN SLIDE PRESENTATION
BEFORE PROGRAM

RECOGNITION IN FUTURE
ISSUE OF *THE BRIEF*

RECOGNITION IN FUTURE ISSUE OF
OHIO LAWYER MAGAZINE

Stations to Sponsor

STAGE/PODIUM

LIVE ARTIST

BAR

IMMERSIVE ART EXPERIENCE

DESSERT STATION

MUSIC

SILENT AUCTION

FOOD

TABLES - ALL SIZES

Join us in celebration of the people and programs whose outstanding community service has advanced OSBF's mission to build a better justice system.

TRIBUTE GIFT

Make a tribute gift to honor an awardee, organization, or individual of your choice. Unless otherwise designated, 100% of your gift will be used for grant making purposes. 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.





ANNUAL AWARDS CELEBRATION
OHIO STATE BAR FOUNDATION

Sponsorship ENROLLMENT FORM

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 (\$10,000) - **SOLD**
- ☐ Gold Sponsor (\$5,000) - 2 available
- ☐ Silver Sponsor (\$2,500) - 3 available
- ☐ Bronze Sponsor (\$1,000) - 8 available
- ☐ Prism Sponsor (\$500)
- ☐ I would like to make a Tribute Gift

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-

[CLICK HERE TO PAY ONLINE](#)

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