



ANNUAL AWARDS CELEBRATION
OHIO STATE BAR FOUNDATION

OCTOBER 24, 2025

The Fives Columbus
550 Reach Blvd., Columbus, OH 43215

JOIN US IN *Celebration:* SPONSORSHIP & MARKETING OPPORTUNITIES

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

Benefits	\$15,000 Presenting	\$5,000 Gold	\$2,500 Silver	\$1,000 Bronze	\$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	ON STAGE				
COMPANY LOGO IN DIGITAL INVITATION					
SOCIAL MEDIA MENTIONS PRE & POST EVENT					
TABLE OF 8					ADMISSION FOR 2 GUESTS
RECOGNITION IN EVENT PROGRAM	FULL PAGE	1/2 PAGE	1/4 PAGE		
RECOGNITION IN SLIDE PRESENTATION BEFORE PROGRAM					
RECOGNITION IN FUTURE ISSUE OF <i>THE BRIEF</i>					
RECOGNITION IN FUTURE ISSUE OF <i>OHIO LAWYER MAGAZINE</i>					

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. Visit www.osbf.org/tribute to make a gift.



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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 (\$15,000)

☐ Gold Sponsor (\$5,000)

☐ Silver Sponsor (\$2,500)

☐ Bronze Sponsor (\$1,000)

☐ Prism Sponsor (\$500)

☐ 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 to make a payment.

CONTACT Laurie Beth Sweeney, Executive Director • 614-487-4443 • lbsweeney@osbf.org
OHIO STATE BAR FOUNDATION • 1700 LAKE SHORE DRIVE, SUITE 230 • COLUMBUS, OH 43204