

OSBF
ANNIVERSARY 75th 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 Presenting (1 available)	\$7,500 Partner (3 available)	\$5,000 Counselor (unlimited)	\$1,000 Associate (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	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 to make a gift.

OSBF
ANNIVERSARY 75th GALA
CELEBRATING A LEGACY
OF JUSTICE AND SERVICE

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)

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 to make a payment.