Mr. Gorman and KeyBank will receive the *Norman Cohn Hope Award*, the most prestigious National MS Society Award. An Honoree exhibits vision and commitment to leadership, philanthropy, community involvement and service. The evening begins with a silent auction and cocktail reception followed by dinner and program. All proceeds will benefit the Ohio Buckeye Chapter of the National MS Society.

**Presenting Sponsorship • $25,000**
- Seating for 24 people (3 tables) including VIP seating and table signage
- Naming rights for event, “Dinner of Champions presented by…”
- Recognition in all media releases and other printed promotions
- Logo on cover of event program (deadline 10/20/17) and invitation (deadline 9/9/17)
- Link on Chapter website, MSohiobuckeye.org
- Full page ad in event program (deadline 10/20/17)
- Logo in Chapter newsletter, MSConnection

**Platinum Sponsorship • $15,000**
- Seating for 16 people (2 tables) including VIP seating and table signage
- Logo on cover of event program (deadline 10/20/17) and invitation (deadline 9/9/17)
- Link on Chapter website, MSohiobuckeye.org
- Full page ad in event program (deadline 10/20/17)
- Logo in Chapter newsletter, MSConnection
- Recognition by Master of Ceremonies at event

**Gold Sponsorship • $10,000**
- Seating for 16 people (2 tables) including VIP seating and table signage
- Full page ad in event program (deadline 10/20/17)
- Logo placement in invitation (deadline 9/9/17)
- Logo in Chapter newsletter, MSConnection
- Recognition by Master of Ceremonies at event

**Silver Sponsorship • $5,000**
- Seating for 8 people (1 table) including preferred seating
- Half page ad in event program (deadline 10/20/17)
- Name recognition in Chapter newsletter, MSConnection
- Recognition by Master of Ceremonies at event

**Bronze Sponsorship • $2,500**
- Seating for 8 people (1 table)
- Listing in event program (deadline 10/20/17)
- Recognition by Master of Ceremonies at event

**Patron • $150/person**
- Dinner, wine and valet parking

For more information regarding sponsorship, contact Michelle Wohlfeiler Bailin at michelle.bailin@nmss.org or 216-503-4184.
Personal Information

Please print clearly.

Name / Title: __________________________________________________________________________________

Company: __________________________________________________________________________________

Please print your company’s name exactly as you would like it to appear in printed materials.

Address: __________________________________________________________________________________

City/State/Zip: __________________________________________________________________________________

Phone/Fax: __________________________________________________________________________________

Email: __________________________________________________________________________________

Event Contact Person: __________________________________________________________________________

Cleveland Dinner of Champions Reservations

{ } Patron · $150 per person ($55 tax deductible)

{ } Bronze Sponsor· $2,500 ($1,750 tax deductible)

{ } Silver Sponsor · $5,000 ($4,250 tax deductible)

{ } Gold Sponsor · $10,000 ($8,000 tax deductible)

{ } Platinum Sponsor · $15,000 ($13,000 tax deductible)

{ } Presenting Sponsor · $25,000 ($22,000 tax deductible) SOLD

I am unable to attend the event, but would like to make a donation:

{ } Please accept my donation of $_____________

{ } Please contact me about donating an item(s) for the silent auction.

{ } Full-page black & white event night program ad only- $2,000

{ } Half-page black & white event night program ad only- $1,000

Payment Options

{ } Check is enclosed payable to the National Multiple Sclerosis Society

{ } Please charge:

{ } Mastercard  { } Visa  { } Discover  { } American Express

Card Number: ________________________________________________________________________________

Expiration Date: _____________________________________________________________________________

Security Code: ______________________________________________________________________________

Name on Card: _______________________________________________________________________________

Signature: ___________________________________________________________________________________

Tax ID: 34-0801307
Guests:

Please include the names of the individuals who will attend (8 guests per table) and any special requirements:

1. ____________________________________________________________

2. ____________________________________________________________

3. ____________________________________________________________

4. ____________________________________________________________

5. ____________________________________________________________

6. ____________________________________________________________

7. ____________________________________________________________

8. ____________________________________________________________

Please send this form to:
Contact:        Michelle Wohlfeiler Bailin
Phone:         216-503-4184
Mail:          National Multiple Sclerosis Society, Ohio Buckeye Chapter
               Attention: Cleveland Dinner of Champions
               6155 Rockside Road, Suite 202, Independence, OH 44131
Email:         michelle.bailin@nmss.org