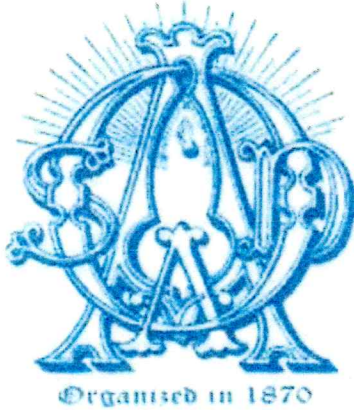


CODA SPONSORSHIP FORM

150th Anniversary Gala Event

Aug 28th thru 30th, 2020



Additional Information Visit:

<https://osdaa150thAnniversary>

Committee:

Darrell Doudt: OSDAA President

president@osdaa.org

Mary Owen: 150th Gala Chairperson

chairperson150th@osdaa.org

Elizabeth Beldon: Program Co-Chair

elizabethbeldon@yahoo.com

Jack Hawk: Sponsorship Co-Chair

330.437.6255

jhawk@triadds.org

Ronald Patterson: Advertising

contractosdaa@gmail.com

Richard Penny: Silent Auction

rjpenny@gmail.com

Mary Huebner: Gala Treasurer

maryhuebner1949@gmail.com

Tom Penny: OSDAA Treasurer

treasurer@osdaa.org

OSDAA is a 501c3 Charitable Organization who is the
Owner sponsor of COLUMBUS COLONY

Interested in giving more or contributing in another way?

We are happy to create a specific giving opportunity for you!

Contact: Jack Hawk @ 330.437.6255 or jhawk@triadds.org

The 150th Anniversary Gala is a major Fundraiser Event for OSDAA's "Robert MacGregor Fund" in conjunction with the Columbus Foundation to build a Group Home on the Columbus Colony Campus for isolated individuals with hearing or hearing+vision losses

Father or Male Sibling or Child's Name: First MI Last

Year Graduated

Mother or Female Sibling or Child's Name: First MI (Maiden) Last

Year Graduated

Male is an Ohio School for the Deaf (OSD) Alumnus? () Yes () No

What School? If you wish to donate in their memory.

Female is an Ohio School for the Deaf (OSD) Alumnus? () Yes () No

What School? If you wish to donate in their memory.

Donor's Name:

Address

City, State, Zip

Phone

Email

SPONSORSHIP LEVEL: () Father \$200.00

() Mother \$200.00

() Others (SODA or PODA fill in Male or Female)

SODA (Sibling of a Deaf Adult) PODA (Parent of a Deaf Adult)

Use Multiple Forms for Multiple Family members @ \$200.00 each

FORM OF PAYMENT:

Total Sponsorship \$ _____ () Contact Me To Discuss Further

() Mastercard () Visa () American Express () Check / Check # _____

() Invoice Me () Provide Receipt

Name on Card _____

Billing Address _____

Credit Card Number _____

Sec # _____

Credit Card Authorization Signature _____

Form & Payment payable to OSDAA 150th Anniversary mailed to:

Kathy Kline, Registration: Columbus Colony, 1055 Colony Drive, Westerville Ohio 43081

Upon signing this Agreement all conditions for the noted Sponsorship Level are agreed upon and in effect. The 150th Anniversary Committee or OSDAA shall not be bound by any separate agreement or promises not contain herein. Any separate oral or written agreements or promises shall not relieve the Donor or agent of their obligations hereunder. The 150th Anniversary Committee reserves the right to reject any and all advertising. Donors and agents agree to hold the 150th Anniversary Committee and OSDAA harmless from any and all liability arising from any and all advertisements printed as a result of copy given to the printing company (including text, material, illustrations and copyright(s)). All invoices are due and payable upon acceptance of this Sponsorship Agreement by the Donor unless otherwise mutually agreed upon. The provision of this Sponsorship Agreement shall be performable and shall be construed and enforced in accordance with the laws of the State of Ohio and any action to enforce or construe the terms of any action for the breach of any of the terms of this agreement shall be brought in Westerville, Ohio. No refunds.

Authorized by (Print) _____

Signature _____

Date _____

In Order to Prepare for your Sponsorship, Return this Form Executed with Payment Before: Monday June 15th, 2020.