



2021 PARTNERSHIP OPPORTUNITIES

# Dining IN THE Dark



## Make a positive impact for people who are blind and visually impaired.

When you partner with Vision Forward you help

- Infants and toddlers learn about a world they cannot see
- School-age youth keep pace with their sighted peers
- Adults learn to use assistive technology to further their educational and employment opportunities
- Seniors maximize their remaining vision to maintain their independence

As vision loss continues to rise across all segments of the population, so does the importance of our everyday work. Please join us in our mission to provide life-changing services for children and adults who are blind and visually impaired.

**Thank you!**



**Thursday, November 4**

**Italian Community Center**

631 E Chicago Street

Milwaukee, WI 53202

**5:30 pm** Reception

**6:30 pm** Dinner and Program



### **About the Event**

Dining in the Dark is a unique and unforgettable experience. Through a three-course meal eaten under blindfold, guests take a journey into the world of vision loss, discovering a deeper understanding and awareness of what people who are blind or visually impaired face.



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## Partnership Benefits

### Luminary Partner | \$10,000

- Logo/Name recognition on event publicity, including signage, print materials, and promotions
- Logo/Name recognition on guest blindfolds that will be distributed at Dining in the Dark
- Exclusive recognition in one pre-event Dining in the Dark communications
- Opportunity for a feature article in one Vision Forward digital communications
- Exclusive 15 second bumper video featured in an upcoming virtual event
- Exclusive use of Vision Forward logo in advertising connected to the event
- Exclusive advertising spotlight on our Corporate Partnership webpage
- Recognition in our annual report
- Special recognition on social media
- Premier reserved seating for 12 guests at Dining in the Dark

### Visionary Partner | \$5,000

- Logo/Name recognition on event signage, print materials and promotions
- Logo/name recognition on our Corporate Partnership webpage
- Recognition in our annual report
- Special recognition on social media
- Premier reserved seating for 6 guests at Dining in the Dark

### Leader Partner | \$2,500

- Logo/Name recognition in the event promotions and program
- Logo/Name recognition on our website throughout the year
- Recognition in our annual report
- Special recognition on social media
- Premier reserved seating for 4 guests at Dining in the Dark

### Guide Partner | \$1,500

- Logo/Name recognition in the event program
- Logo/Name recognition on our website throughout the year
- Recognition in our annual report
- Recognition on social media
- Premier reserved seating for 2 guests at Dining in the Dark



*“Dining in the Dark awakened my senses to the reality of vision loss. The event also boosted my appreciation for the courage, creativity and resolve that people who are visually challenged quietly demonstrate every day, in navigating the world!”*

— DAVID LOBO

### Contact:

**Joanna Rivas,**

Volunteer and Events Coordinator

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[vision-forward.org](http://vision-forward.org)



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## Partnership Form

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**Name/Corporation**

Please list name **exactly** as you would like it to appear for recognition.

Email jpeg of logo to Dena Fellows, [dfellows@vision-forward.org](mailto:dfellows@vision-forward.org)

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**Name/Title of Contact Person**

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**Address**

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**City****State****Zip**

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**Phone****Email**

**Sponsorship** — Vision Forward Association greatly appreciates your commitment of:

Luminary: \$10,000     Visionary: \$5,000     Leader: \$2,500     Guide: \$1,500

**I look forward to attending the event or would like to add additional seats to my sponsorship:**

Individual Seating: \$175 each    Quantity \_\_\_\_\_    Total = \$ \_\_\_\_\_

**I cannot attend, but I'm pleased to contribute my tax-deductible donation in the amount of: \$ \_\_\_\_\_**

**Payment Options:**

Check Enclosed     Send Invoice to: \_\_\_\_\_

**Card Type:**  Visa     Mastercard     Discover     American Express

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**Card Number****Expiration****CSC Code**

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**Name on Card****Signature**

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