

Dining IN THE Dark

2026 PARTNERSHIP OPPORTUNITIES



Every seven minutes someone in the United States becomes blind or visually impaired.

As vision loss continues to rise across all segments of the population, so does the importance of services that give specialized training, education, and support to help individuals live full and active lives. Join us in our mission to provide life-changing services for babies, toddlers, youth, adults, and seniors who are blind and visually impaired. You can have a positive impact!

"I support Vision Forward because I see firsthand its invaluable impact on my patients with advanced retinal disease. Many patients with vision loss also unfortunately lose hope and their way of life. Some might not be able to function independently, read, or pursue hobbies, and these incapacities often cause profound psychological damage such as depression. Vision Forward allows them to greatly improve their quality of life and redevelop an overall sense of well-being and optimism."

- DR. NICHOLAS TOSI, OPHTHALMOLOGIST, PRESIDENT OF RETINA AND VITREOUS CONSULTANTS OF WISCONSIN, AND VISION FORWARD BOARD MEMBER



About the event

Dining in the Dark is a unique sensory experience that guides guests as they enjoy a four-course, gourmet meal eaten under blindfold. Diners gain a heightened appreciation of smell, taste, sound and touch while developing a deeper understanding of the impact of vision loss.

Thursday, May 14, 2026

Wisconsin Club

900 West Wisconsin Avenue
Milwaukee, WI 53233

5:30 pm Reception

6:30 pm Dinner



To learn more about how you can make an impact, contact Dena Fellows at 414-615-0134 or dfellows@vision-forward.org.



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| Partnership Benefits | Presenting \$20,000 | Luminary \$10,000 | Visionary \$5,000 | Leader \$2,500 | Guide \$1,500 |
|---|------------------------|----------------------|----------------------|-------------------|------------------|
| Premier reserved seating at the event | 8 guests | 8 guests | 8 guests | 4 guests | 2 guests |
| Recognition in Vision Forward's annual report | • | • | • | • | • |
| Logo/Name recognition on Vision Forward website | • | • | • | • | • |
| Logo/Name recognition in the event program and event presentation | • | • | • | • | • |
| Special recognition on social media | 3 posts | 2 posts | 1 post | 1 post | |
| Recognition in event promotions | • | • | • | • | |
| Logo recognition on event publicity at the event — including signage and print materials | • | • | • | • | |
| Verbal recognition during the event presentation | • | • | • | | |
| Company Logo/Name recognition on Vision Forward community partnership webpage | • | • | • | | |
| Exclusive use of Vision Forward's logo in advertising connected to the event | • | • | | | |
| Opportunity for a feature in one Vision Forward digital communication | • | • | | | |
| Exclusive recognition in one pre-event communication | • | • | | | |
| Recognition on the Save the Date and Invitation, if confirmed by August 22, 2025 | • | | | | |
| Exclusive signage at the event | • | | | | |
| A speaking opportunity or your company featured in exclusive pre-produced video clip, during the event presentation | • | | | | |

Underwriting Opportunities

We welcome your support to help us cover the expenses for our event. Contributions are 100% tax deductible and will help us maximize revenue and increase funding to support individuals with vision loss. We look forward to recognizing your support at the event!

(Minimum donation: \$250)



2026 PARTNERSHIP FORM

Name/Corporation

Please list name **exactly** as it should appear for recognition. [Email jpeg of logo to Rachel Green, rgreen@vision-forward.org](mailto:rgreen@vision-forward.org).

Name/Title of Contact Person

Address

City**State****Zip**

Phone**Email**

I would like to support Vision Forward's mission with a commitment of:

☐ Presenting: \$20,000 ☐ Luminary: \$10,000 ☐ Visionary: \$5,000 ☐ Leader: \$2,500 ☐ Guide: \$1,500

I would like to purchase a seat(s):

☐ Individual Seating: \$225 each Quantity _____ Total = \$ _____

I cannot attend, but am pleased to contribute my tax-deductible donation in the amount of: \$ _____.

I would also like to direct my support to underwriting for (\$250 or more):

☐ Bar ☐ Dinner Wine ☐ Valet Parking ☐ Technology/
☐ Photography ☐ Wine & Spirits Pull and Coat Check Audio/Visual

Payment Options:

☐ Check Enclosed ☐ Send Invoice to: _____

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

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

Name on Card**Signature**
