



# Healing Hands

**UNMASK THE IMPACT.  
TRANSFORM A LIFE.**

**2026 COMMUNITY  
HEALTH FUNDRAISER**



**SATURDAY,  
OCTOBER 17, 2026**  
6:00 PM – 10:30 PM



**EMBASSY SUITES MAG MILE**  
511 NORTH COLUMBUS DRIVE  
CHICAGO, ILLINOIS  
**BLACK TIE EVENING |  
MASQUERADE MASKS ENCOURAGED**

## NOT EVERYTHING THAT SHAPES HEALTH IS VISIBLE.

The realities people face every day—housing instability, food insecurity, isolation, and limited access to care—often exist just beneath the surface, shaping outcomes long before a patient is ever seen.

**This year, we invite you to  
Unmask the Impact. Transform a Life.**

Join us for an evening of elegance, connection, and discovery. Enjoy music, interactive experiences, and a curated silent auction, all while gaining a deeper understanding of what community health truly requires. It's a night designed to engage, inspire, and bring people together around a shared purpose.

*Be part of the impact.*  
YOUR PRESENCE. THEIR FUTURE.  
OUR COMMUNITY.

At Chicago Family Health Center, these challenges are not abstract. They are the reason we exist.

Your presence supports more than care—it helps build a network of support that meets people where they are and addresses the full picture of their health.

Together, we can unmask the barriers and become a lifeline for whole person health.

### CARE WE PROVIDE



Medical Care



Behavioral Health



Dental Care



Chronic Conditions



Support Services

### RESERVE YOUR TICKET TODAY

Visit [chicagofamilyhealth.org/HealingHands2026](http://chicagofamilyhealth.org/HealingHands2026)  
Space is limited. Reserve early.



## 2026 Sponsorship Levels

### **\$15,000** Legacy Sponsor

Your support fuels whole-person care, strengthens families, and expands access for communities that have been historically under-resourced. This sponsorship provides premium visibility and positions your organization as a top champion for neighborhood healing and long-term well-being.

#### **Pre-Event Recognition**

- Logo on invitation
- Linked logo on CFHC website
- Featured article in the Vitals newsletter
- Linked logo in three pre-event email blasts
- Three social media features
- Recognition in digital communications

#### **On-Site Recognition**

- Mission Moment presentation during the gala program
- Opportunity to provide two silent auction items
- Podium signage with sponsor logo
- VIP Social early access
- Logo on step and repeat
- Two premier reserved tables
- Verbal acknowledgment by CEO Sherry Pace
- Full-page advertisement in the program
- Table signage at both tables

### **\$10,000** Community Visionary

You drive impact by supporting programs that remove barriers to care and help patients manage chronic disease, behavioral health needs, and social challenges. This sponsorship highlights your organization as a leader in improving community wellness.

#### **Pre-Event Recognition**

- Logo on invitation
- Linked logo on CFHC website
- Featured article in Vitals newsletter
- Linked logo in three pre-event email blasts
- Three social media features
- Recognition in digital communications

#### **On-Site Recognition**

- Opportunity to provide one silent auction item
- Podium signage with sponsor logo
- One premier reserved tables
- Verbal acknowledgment by CEO Sherry Pace
- Full-page advertisement in the program
- Table signage

### **\$5,000** Leader in Wellness

You invest directly in stronger health outcomes for families and individuals across the South Side. This sponsorship amplifies your brand as a committed partner in expanding access to care.

#### **Pre-Event Recognition**

- Linked logo on CFHC website
- Featured article in Vitals newsletter
- Logo included in pre-event email blasts
- Two social media features
- Recognition in digital communications

#### **On-Site Recognition**

- VIP Social early access
- Opportunity to provide one silent auction item
- One-half premier reserved table
- Verbal acknowledgment by CEO Sherry Pace
- Quarter-page advertisement in the program
- Table signage

## 2026 Sponsorship Levels

**\$2,500**

Partner for Care

You strengthen CFHC's ability to provide compassionate, community-centered care across all service lines. Your sponsorship supports key patient needs and reflects your commitment to local health equity.

### Pre-Event Recognition

- Logo on invitation
- Linked logo on CFHC website
- Featured article in Vitals newsletter
- Linked logo in two pre-event email blasts
- One social media features
- Recognition in digital communications

### On-Site Recognition

- Two premier seats
- Name or logo featured in the program
- Recognition in event recap communications

**\$1,000**

Community Supporter

You help CFHC provide essential services to patients who rely on us for primary, behavioral, and preventive care. This sponsorship reflects meaningful support for families in need.

### Pre-Event Recognition

- Name included on CFHC website
- Recognition in pre-event email blasts

### On-Site Recognition

- Two general admission seats
- Name listed in the program
- Recognition in event recap communications

### Sponsorship Add-Ons & In-Kind Opportunities

We welcome in-kind contributions (silent auction items, event services, goods) and specific program sponsorships (back-to-school backpacks, transportation vouchers, baby shower gifts).

Sponsors can choose to earmark support for a particular initiative; CFHC will provide measurable outcomes and follow-up reporting.

### Marketing & Logo Guidelines

To ensure timely recognition, please provide high-resolution logos (EPS or PNG) and program ad copy by the deadline below. Send logos to [marketing@chicagofamilyhealth.org](mailto:marketing@chicagofamilyhealth.org).

# Sponsorship Application Form

## SPONSORSHIP

Sponsor Name (as it should appear on event materials): \_\_\_\_\_

Sponsorship Level: \_\_\_\_\_ Event Name (if applicable): \_\_\_\_\_

In lieu of sponsorship, please accept a donation of: \$\_\_\_\_\_ to support Chicago Family Health Center.

## CONTACT

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## PAYMENT

Payment Type (select one):

Check Enclosed (Make payable to Chicago Family Health Center)

Credit Card

Cardholder Name: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

## SUBMISSION

Please mail completed form and payment to:

Chicago Family Health Center  
Attn: Lysette Spartz  
9119 S. Exchange Ave.  
Chicago, IL 60617

Direct questions to:

Lysette Spartz, Director of Development  
Phone: 773-249-9074  
Email: [lsparz@chicagofamilyhealth.org](mailto:lsparz@chicagofamilyhealth.org)