Annual Fundraiser Gala
Sponsorship Registration Form
Saturday, October 24, 2026 | A & B Creative Events Center

Sponsor Information

- Business/Organization Name: _____
- Contact Name/Title: _____
- Mailing Address: _____
- Phone Number: _____
- Email: _____

Sponsorship Levels *(Please select one)*

☐ **$10,000 - Stronger Together (Title Sponsor)**

As the exclusive **Title Sponsor** for the 2026 Gala of Hope & Healing, your organization will receive premier recognition and visibility as a leading community partner supporting affordable mental health services and behavioral health workforce development in our region:

- Private networking hour with sponsors and VIP's
- Recognition in all press releases, social media, and event communications
- Company name/logo prominently displayed on event signage
- Featured spotlight in select promotional and post-event communication
- Opportunity for a company representative to provide welcome remarks during the gala
- Premium reserved VIP seating for ten (10) guests

☐ **$5,000 - Healing Heroes**

- Private networking hour with sponsors and VIP's
- Recognition as a sponsor on all event materials and promotions
- Company name/logo prominently displayed on event signage
- Verbal recognition at the event
- Premium reserved VIP seating for six (6) guests

☐ **$2,500- Community Advocates**

- Private networking hour with sponsors and VIP's
- Company name/logo displayed on event signage
- Verbal recognition at the event
- Premium reserved VIP seating for four (4) guests

☐ **$1,000 - Hope Builders**

- Private networking hour with sponsors and VIP's
- Company name/logo displayed on event signage
- Verbal recognition at the event
- Premium reserved VIP seating for two (2) guests

☐ **$500 - Pathway Partners**

- Private networking hour with sponsors and VIP's
- Company name/logo displayed on event signage
- Verbal recognition at the event
- Premium reserved VIP seating for one (1) guest

☐ **Other Amount: $ _____**

☐ **In-Kind Sponsor**

Please describe donation (goods/services):

_____

Estimated Value: $_____

_____

Please make checks payable to: The Healing Station

The Healing Station, 410 Deacon Road, Fredericksburg, VA 22405

Please email your business logo in a high-resolution format (PNG, JPG, or PDF) to info@thehealingstationva.org for inclusion in promotional materials *NLT September 30, 2026.

Signature: _____ Date: _____

Printed Name: _____ Title: _____