Corporate Sponsors

CommunityHealth's vision is Quality Health Care for All.

For every $1 donated to CommunityHealth, we provide $7 worth of care. Are you All In?

2026 All In™
Celebration

Meeting Every Moment: Closing Gaps, Opening Doors

September 17th
The Carter
5:30–9:00 PM

The **All In™ Celebration** brings together a community of individuals who are passionate about access to health care. Supporters at the Celebration help CommunityHealth ensure all Chicagoans have access to the right health care, at the right time, in the right place.

We are a medical home for uninsured and underinsured adults in Chicago.

CommunityHealth provides high-quality, essential health care to Chicagoans facing poverty, at no charge to the patient. We provide primary and specialty care, medications, lab testing, mental health services, and health education to those who would otherwise go without essential health care.

Your customizable sponsorship package entitles you to event admission and recognition at All In™. More importantly, your support directly enables us to continue our work in providing high quality health care to uninsured adults living in poverty.

One year of essential health care

$2,500 supports **4** patients

$5,000 supports **7** patients

$10,000 supports **14** patients

$25,000 supports **35** patients

$40,000 supports **56** patients

CommunityHealth

all in™ CHICAGO

Sponsorship Levels

Benefit	$2,500	$5,000	$10,000	$25,000	$40,000
Tickets to All In™ Celebration	6 Tickets	8 Tickets	10 Tickets *(1 table)*	20 Tickets *(2 tables)*	20 Tickets *(2 tables)*
Website recognition	✓	✓	✓	✓	✓
Your Logo/Listing included in promotional materials		Name	Logo	Logo	Logo
Email recognition			✓	✓	✓
Event display recognition			✓	✓	✓
Social Media recognition				✓	✓
Verbal recognition during event					✓

Please indicate your sponsorship level below.

☐ **$2,500** *supports **4** patients*

☐ **$5,000** *supports **7** patients*

☐ **$10,000** *supports **14** patients*

☐ **$25,000** *supports **35** patients*

☐ **$40,000** *supports **56** patients*

Sponsor Information

Individual/Company Name _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ Date Submitted _____

☐ Enclosed is my check (made out to CommunityHealth) for amount above

☐ I would like to pay via ACH transfer

☐ Please send me an invoice for the amount above

CommunityHealth is a 501c(3) organization, EIN 36-3831793.
Your donation is tax deductible to the extent allowable by law.

Please mail completed form and check or email a digital copy to brubinstein@communityhealth.org

Betsy Rubinstein
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LEARN MORE