Chicago Women’s Health Center facilitates the empowerment of women and trans* people by providing access to health care and health education in a respectful environment where people pay what they can afford.

We provide access to comprehensive, culturally sensitive services for over 6,000 clients and students in the Chicago area each year.

CWHC BUSINESS PARTNERSHIPS

The Business Partnerships program offers year-long connections between CWHC and businesses that share our commitment to accessible, compassionate health care and health education.

Beginning with our signature event, Revolutionary Health Care, CWHC is providing new opportunities for expanded recognition and deeper impact of our business partner’s support.

WILL YOU JOIN US?

VISION SPONSORSHIP
$5,000+ financial support

- Lunch and tour for 5 hosted by CWHC
- Half-page thanks in FY16 Annual Report, including logo
- Prominent recognition on CWHC website, including logo
- Recognition with link on CWHC social media (reach of over 5,000 followers)
- Opportunity for representative to speak at Revolutionary Health Care
- Special thanks from emcee at Revolutionary Health Care
- Recognition with logo in signage at Revolutionary Health Care
- 8 tickets to Revolutionary Health Care plus reserved group seating

CARE SPONSORSHIP
$1,000–4,999 financial support

- Thanks in FY16 Annual Report
- Recognition in signage of Revolutionary Health Care
- Recognition on CWHC website
- Recognition with link on CWHC social media (reach of over 5,000 followers)
- 4 Revolutionary Health Care tickets with reserved seating

SERVICE SPONSORSHIP
$250–1,000 financial support

- Recognition with link on CWHC social media (reach of over 5,000 followers)
- Recognition in signage of Revolutionary Health Care
- Recognition on CWHC website
- 2 Revolutionary Health Care tickets

SUSTAIN SPONSORSHIP
Up to $250 financial support

- Recognition on CWHC website
- Recognition in signage of Revolutionary Health Care
- 2 Revolutionary Health Care tickets

CWHC welcomes the opportunity to discuss additional forms of recognition and partnership.
SPONSOR INFORMATION & PAYMENT

Business name: ____________________________________________________________

Contact name: ____________________________________________________________

Telephone number: ________________________________________________________

Email address: ____________________________________________________________

Address: __________________________________________________________________

Preferred method of contact:  O Phone    O Email  O Paper mail

SPONSORSHIP LEVEL

O Vision Sponsorship ($5,000+)
O Care Sponsorship ($1,000-$4,999)
O Service Sponsorship ($250-$999)
O Sustain Sponsorship (Up to $250)

PAYMENT OPTIONS

O Please send an invoice in the amount of: $ ________________________________

O Enclosed is check payable to “Chicago Women’s Health Center” in the amount of: $ ________________________________

O Please charge my credit card in the amount of: $ ________________________________

   (circle one) American Express / MasterCard / Visa

   Name on Card: __________________________________________________________________

   Card Number: __________________________________________________________________

   Expiration: _____/_______   Sec. Code: ____________

Notes and/or requests:

“This is the only medical facility I’ve ever been to that I leave better than when I came.”
   - CWHC client

PLEASE RETURN THIS FORM TO:

A.J. Barks, Development Director, Chicago Women’s Health Center
1025 W. Sunnyside Ave. Suite 201, Chicago, Illinois 60640
Phone: (773) 935-6126 x229 / Fax: (773) 935-7145
Email: ajb@chicagowomenshealthcenter.org

Chicago Women’s Health Center (EIN: 36-2922469) is a tax-exempt organization under Section 501(c) (3) of the IRS Code. A small portion of your sponsorship may not be tax-deductible in recognition of goods or services received.