LifeCare Alliance
Cancer Services

NIGHT OF ★★★ HOPE & SUPPORT

A runway show benefiting LifeCare Alliances' Cancer Support Services

Sunday,October 25th, 2026

Macy's Easton Town Center
Cocktail hour begins at 7 pm
Fashion show begins at 8 pm

Join us for our annual fundraiser as we celebrate the impact that LifeCare Alliance Cancer Services has made for over 100 years!

Cheer on our models, who are all cancer survivors, as they walk down the runway!

About LifeCare Alliance

LifeCare Alliance Cancer Services offers little to no-cost cancer diagnostics, screenings, detection, and more for our clients. We're proud to be one of the last little-to-no-cost cancer clinics in the Midwest.

Sponsorship Benefits	$10,000 Empower Sponsorship	$5,000 Inspire Sponsorship	$2,500 Encourage Sponsorship	$1,000 Motivate Sponsorship	$500 Support Sponsorship
Tax deductible amount	$9,250	$4,500	$2,100	$650	$300
Special shoutout of your company by the show Emcee	☆				
VIP section seats	☆	☆			
Company name or logo featured on LifeCare Alliance's social media	☆	☆	☆		
Company name or logo featured at event	☆	☆	☆	☆	
Company name or logo listed in program	☆	☆	☆	☆	☆
Night of Hope & Support event tickets	☆ 10	☆ 8	☆ 6	☆ 4	☆ 2

Individual tickets available at $75 (Tax deductible)

LifeCare Alliance Cancer Services

HEATHER PICK SPIRIT FUND

macy's

2026 Sponsorship Agreement

We wish to support Night of Hope & Support 2026

Company/Organization Name_____

Contact Person _____

City/State/Zip _____

Phone _____

Email Address _____

Authorized Signature/Date _____

Company name as you would like it to appear in all promotional materials*

_____

*Sponsor benefits may be limited for commitments made after October 5, 2026. Preferred formats for logos: .ai or .eps. File types other than preferred formats can be accepted if they are at least 4" x 4", 300 ppi, and free from any background color.

Please select the sponsorship value and payment method:

Sponsorship Options

- ☐ Empower—$10,000
- ☐ Inspire —$5,000
- ☐ Encourage—$2,500
- ☐ Motivate—$1,000
- ☐ Support—$500

Payment (please check appropriate box)

Please make checks payable to LifeCare Alliance.

- ☐ Please send an invoice to the address above.
- ☐ Check enclosed in the amount of _____
- ☐ We cannot sponsor but would like to make a donation $ _____

Please use website QR code if you would like to pay with credit card.
www.lifecarealliance.org/nightofhope/

Please **MAIL** or **SCAN and EMAIL** this agreement to:

Dillon Heineman , Development Coordinator
dheineman@lifecarealliance.org, 614-437-2947
1699 West Mound Street, Columbus, OH 43223