



JOIN US FOR OUR

ANNAPOLIS

Chase Brexton Health Care

GALA 2026

.....

**RAISING FUNDS TO PROTECT
ACCESS TO HEALTH CARE FOR ALL**

.....

Saturday, November 14, 2026

6 PM ~ 10 PM

Chesapeake Bay Foundation



Chase Brexton Health Care

amilanytch@chasebrexton.org

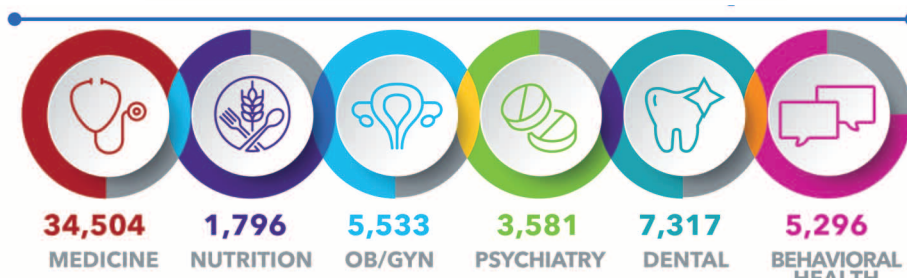
THIS EVENT WILL BENEFIT THE MISSION OF CHASE BREXTON HEALTH CARE

To provide compassionate, high-quality, and integrated health care that respects the unique needs of each patient and advances wellness in the communities we serve.

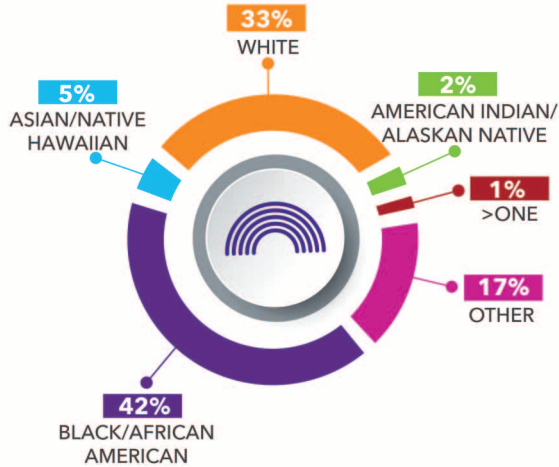
STATS & DEMOGRAPHICS CY2025

TOTAL PATIENTS & PATIENTS BY SERVICE CY2025

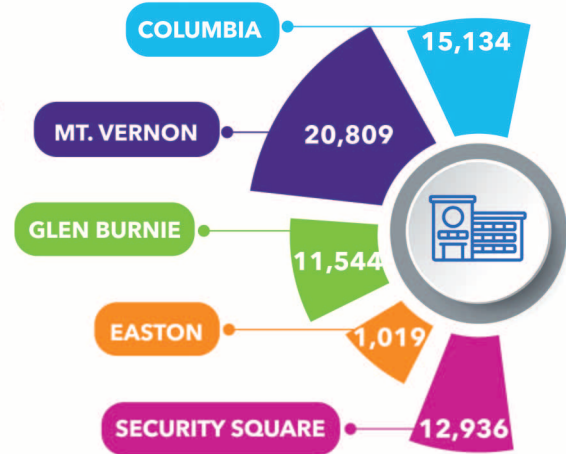
TOTAL PATIENTS CY2025 53,475



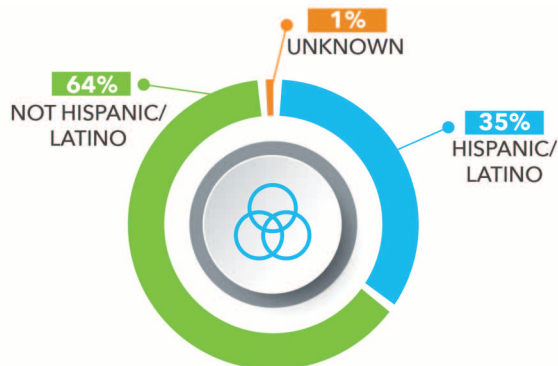
PATIENTS BY RACE CY2025



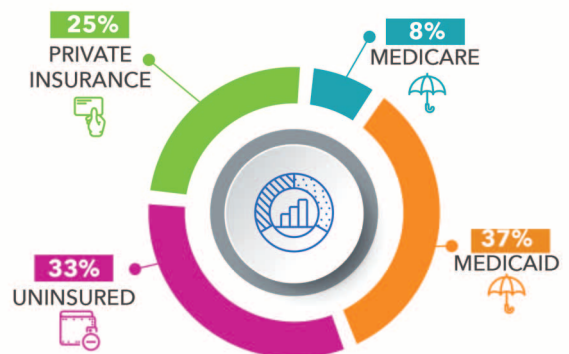
PATIENTS BY CENTER CY2025



PATIENTS BY ETHNICITY CY2025



PAYOR MIX CY2025



2026 PARTNERSHIP OPPORTUNITIES

	\$25,000 PLATINUM <small>Tax deductible amount \$22,000</small>	\$15,000 GOLD <small>Tax deductible amount \$13,500</small>	\$7,500 SILVER <small>Tax deductible amount \$6,300</small>	\$3,500 BRONZE <small>Tax deductible amount \$2,600</small>
Number of tickets	20	10	8	6
Recognition as Sponsor of ...	Program	Band	Cocktail Reception	Oyster Bar
Lunch with Senior Leadership Team member of your choice	✓			
Opportunity to address the guests at the event	✓			
Naming Opportunity of Exam Room at our Glen Burnie Center	✓	✓		
Acknowledgment in press releases and on social media	✓	✓	✓	
Logo recognition in event promotional materials and Gala website	✓	✓	✓	✓
Recognized in Annual Report	✓	✓	✓	✓
Volunteer opportunities throughout the year	✓	✓	✓	✓
Pledge Now / Pay Later available <small>(Payment requested by 6/30/27)</small>	✓	✓	✓	✓

2026 FRIENDSHIP OPPORTUNITIES

	\$3,000 Rainbow of Ten <small>Tax deductible amt \$1,500</small>	\$2,000 Defender <small>Tax deductible amt \$1,400</small>	\$1,500 Confidant <small>Tax deductible amt \$1,200</small>	\$750 Ally <small>Tax deductible amt \$600</small>
Number of tickets	10	4	2	1
Name listed at Event	✓	✓	✓	✓

In-kind contributions are appreciated to produce a successful event. In return, the donor will be recognized as a sponsor at 50% the value of the in-kind contribution.

COMMITMENT FORM

ChaseBrextonEvents.org

Partnership Opportunities

- Platinum \$25,000
- Gold \$15,000
- Silver \$7,500
- Bronze..... \$3,500

Friendship Opportunities

- Rainbow of Ten \$3,000
- Defender..... \$2,000
- Confidant..... \$1,500
- Ally..... \$750



CONTACT INFORMATION

Contact Name Date

Organization Name (as it should be listed in event materials)

Address

City, State, Zip

Phone Fax

Email Website

Names of Guests

PAYMENT INFORMATION

Total \$ _____

- Check (*preferred*)
 Please invoice
 ACH*
 Please charge to credit card below

Credit Card Information
 VISA
 MASTERCARD
 AMERICAN EXPRESS
 DISCOVER

Name on credit card

Credit Card Number

Expiration Date CVV Number

If paying by check, please make it payable to Chase Brexton Health Care and enclose with this form.

Please email or mail completed form to:

Chase Brexton Development Team
1111 North Charles Street | Baltimore, MD 21201

Alexa Milanytch: 410-837-2050 x1144
 amilanytch@chasebrexton.org

*Representative's name & direct phone number for ACH details: _____