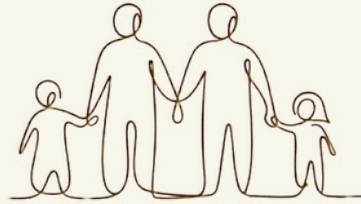


Healing NEW YORK

FALL  GALA



An Evening of Power and Purpose.

Thursday, November 19, 2026

The New York Historical

170 Central Park West

6:00pm - 10:00pm

About Healing New York

For over a century and a half, Healing New York, formerly known as the New York Society for the Prevention of Cruelty to Children (NYSPCC) has stood with New York's children and families. Today, as Healing New York, we carry that same commitment forward under a name that reflects the heart of our work: helping children and families heal. We are dedicated to helping children and families heal from trauma through therapeutic programs, and to improving the safety of children through prevention.

About the Gala

Join us on November 19th at The New York Historical for the Healing New York Fall Gala, an evening marking a new name, a renewed mission, and the next chapter in a story more than 150 years in the making.

Healing is not an individual act. It's something we build together, so that every child can grow up supported, safe, and free to flourish. Come stand with us for a night of celebration, impact, and hope.

All event proceeds directly support Healing New York's life-changing services.



Beginning with children since 1875

HEALING NEW YORK 2026 FALL GALA

SPONSORSHIP OPPORTUNITIES



\$150,000 Presenting Sponsor

Two premier VIP tables of 10 (total of 20 guests)
Acknowledgement as Presenting Sponsor in all event materials and signage
Top billing on Gala invitation and Gala webpage
Verbal recognition as Presenting Sponsor during the program
Prominent and sustained display of name/logo on video screens
Dedicated email and social media posts

\$100,000 Hope Sponsor

Two premier Gala tables of 10 (total of 20 guests)
Acknowledgement as Hope Sponsor in all event materials and signage
Premier listing on Gala invitation and Gala webpage
Verbal recognition as Hope Sponsor during the program
Prominent display of name/logo on video screens
Dedicated social media posts

\$75,000 Exclusive Guest Reception Sponsor

Prime Gala table for 12 guests
Acknowledgement in all event materials
Name/logo prominently displayed in guest arrival area
Prominent listing on Gala invitation and Gala webpage
Verbal recognition during the program
Prominent display of name/logo on video screens
Dedicated social media posts

\$75,000 Exclusive Cocktail Reception Sponsor

Prime Gala table for 12 guests
Acknowledgement in all event materials
Exclusive display on signage in cocktail reception area
Prominent listing on Gala invitation and Gala webpage
Name on cocktail napkins & naming of a signature cocktail
Verbal recognition during the program
Dedicated social media posts

\$50,000 Legacy Sponsor

Prime Gala table for 10 guests
Acknowledgement in all event materials
Listing on Gala invitation and Gala webpage
Verbal recognition during the program
Display of name/logo on video screens

\$25,000 Promise Sponsor

Preferred Gala table for 10 guests
Acknowledgement in all event materials
Listing on Gala invitation and Gala webpage
Verbal recognition during the program
Display of name/logo on video screens

\$15,000 Champion Sponsor

Gala table for 10 guests
Listing on Gala invitation and Gala webpage
Verbal recognition during the program
Display of name/logo on video screens

HEALING NEW YORK 2026 FALL GALA - RESERVATION FORM*



*Sponsors confirmed by September 10, 2026, will be included on our printed invitation.

Table Sponsorships

___ \$150,000 Presenting Sponsor

___ \$50,000 Legacy Sponsor

___ \$100,000 Hope Sponsor

___ \$25,000 Promise Sponsor

___ \$75,000 Guest Reception Sponsor

___ \$15,000 Champion Sponsor

___ \$75,000 Cocktail Reception Sponsor

Recognition Donation Sponsorships**

**no tables/tickets included; recognition benefits only

___ \$25,000 Recognition Donation

___ \$10,000 Recognition Donation

___ \$5,000 Recognition Donation

___ \$2,500 Recognition Donation

___ \$2,500 Advocate Ticket(s)

In lieu of attending, I wish to make a fully tax-deductible donation of \$ _____

CONTACT INFORMATION

NAME _____

Note: as you wish to be listed on all print materials if different from contact name

Name _____ Company _____

Address _____ City, State, Zip _____

Contact phone _____ E-mail _____

PAYMENT INFORMATION

Please charge \$ _____ to my: ___ AMEX ___ Visa ___ Mastercard

Name on card _____

Card # _____ Exp. date _____ Security code _____

Signature _____

Payments by check may be remitted to:

Healing New York
Attn: Development Department
520 Eighth Avenue, Suite 1401
New York, NY 10018

Scan here to make online payment



For more information please contact Lea Shave, Director of Fundraising Events at LShave@healing-ny.org
www.healing-ny.org/events