



2026 ANNUAL SPONSORSHIP OPPORTUNITIES

The Colorado Healing Fund is proud to offer exclusive sponsorship opportunities for our 2026 programs. Partner with us to invest in transformative care for professionals and survivors of mass violence, demonstrate your organization's commitment to community resilience. Help us make a meaningful impact on those who have experienced mass violence.



2026 MAY & OCTOBER FOUR-DAY HEALING SUMMITS

A transformative four-day intensive summit in the Colorado Rockies designed for professional development, healing and support for those impacted by mass violence - whether through professional exposure or personal experience.

May 5 - May 8, 2026 for victim advocates
October 19 - October 23, 2026 for professionals

Participants step away from everyday life into a nurturing, trauma-informed community, engaging in:

- Group therapy and support
- Somatic practices, art and massage
- Yoga, meditation, and restorative outdoor experiences

April 8 & 9, 2026

Mass Tragedy Response Symposium

Join nationally recognized experts for a powerful two-day event focused on preparedness, coordination, and healing after mass tragedies.

Join us for a 2-day impactful presentation designed to equip professionals with real-world tools and trauma-informed strategies.

Sponsor healing. Support resilience.

info@ColoradoHealingFund.org | www.coloradohealingfund.org/healing

Sponsorship Levels & Recognition Benefits

\$10,000

\$5,000

Recognition on event banners



Recognition in training marketing



Recognition on Social Media posts

12 months

6 months

Recognition on event webpages



DONATE

Choose Your Sponsorship Level

Your generous support makes it possible for the Colorado Healing Fund to offer life-changing programs that support survivors and professionals impacted by mass tragedies.

To ensure full recognition and benefits, all sponsorships must be confirmed at least 45 days prior to the program.

Choose Your Level: _____ \$10,000 _____ \$5,000

Contact Information

Sponsor / Organization Name

Contact Name

Title

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Email

Phone

Address

City

State

Zip

Choose Your Payment Method

- Check enclosed payable to Colorado Healing Fund.
- Please charge my credit card.

Name On Card

Card Number

Exp. Date

Security Code

Signature

Billing Address *(if different than above)*

Name

Contact Name

Address

City

State

Zip