



CEDAR HOUSE HEROES *Masquerade Ball*



Dear Friend of Cedar House,

For over 53 years, Cedar House Life Change Center has had an outstanding reputation as an organization dedicated to providing evidence-based treatment to empower those affected by addiction to find wholeness in recovery. We envision a full continuum of care and outreach activities to achieve healing for individuals, families, and communities.

We are excited to share that Cedar House will be hosting its 6th Annual Heroes Gala this year on Friday, October 9, 2026 at the Ontario Convention Center, where guests will be treated to a Masquerade Ball & Casino Night - complete with poker, blackjack, roulette, craps, and more; plus a sit-down dinner, silent auction, and an opportunity to share in celebrating our staff's accomplishments. This year's Cedar House Heroes Masquerade Ball invites you to be part of something more than a celebration. It is a moment of revelation, of the lives already transformed, and of a bold vision to expand our campus so that more people can access life-saving treatment and recovery services. As the masks come off, a future is revealed. Together, we will unmask hope.

We are asking for your help in making this event successful. Whether you can sponsor the event, host a table, or make an in-kind donation to our silent auction or opportunity prize drawing, we hope you will join us! 100% of proceeds from your donation will go toward growing our programs to serve individuals in our community who are suffering with substance abuse and co-occurring mental health disorders.

All participation is greatly appreciated and will receive acknowledgement. To ensure maximum recognition, please submit your payment and/or in-kind commitment form directly to Cedar House no later than September 9, 2026. If you would like to learn more, please feel free to contact our Development Coordinator, Shaheen Jimenez, at (909) 676-5763 or sjimenez@cedarhouse.org. Please visit our website at cedarhouse.org/gala for more information. Thank you in advance for your consideration.

Sincerely,

**Joyce Ablett
Cedar House Board President**



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	PRESENTING SPONSOR \$25,000	PLATINUM SPONSOR \$10,000	GOLD SPONSOR \$5,000	SILVER SPONSOR \$2,500	GAME SPONSOR \$1,000
Gala Banquet Table or Tickets	2 Tables 20 Tickets	1 Table 10 Tickets	1 Table 10 Tickets	1 Table 10 Tickets	4 Tickets
Recognition on event program and social media	X	X	X	X	X
Recognition on Casino Table of your choice					X
Recognition on event signage & e-newsletter	X	X	X	X	
Full year-long online promotion	X	X	X		
Online promotion with link to company website	X	X			
Opportunity to speak at Gala Banquet	X				

\$175 Individual Ticket



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CEDAR HOUSE HEROES GALA October 9, 2026 – Ontario Convention Center

For more information on sponsorship or to RSVP, visit cedarhouse.org/gala. Please make checks payable to Cedar House Life Change Center and mail to: Cedar House Heroes Gala, 10191 Linden Ave Unit 20, Bloomington CA, 92316 or securely fax this completed form to 909-421-7128 or email to sjimenez@cedarhouse.org.

Thank you for your generous support!

Yes! I will assist in making the 6th Annual Cedar House Heroes Gala a success!

I/my company will donate (provide detail) : _____

Estimated Retail Value of this donation: \$ _____

Please provide recognition as shown below (deadline for inclusion is September 9, 2026):

Name of Company/Individual _____

Details for Communication Contact Person _____

Address _____ City _____ State _____ Zip _____

Email _____ Primary Phone _____

☐ I am also interested in providing a sponsorship and/or attending. Please contact me.

☐ Please contact me to make arrangements for delivery/pick up of my donation.

☐ I cannot participate at this time, but enclosed please find a contribution to Cedar House:

For contributions by check, please make checks payable to Cedar House Life Change Center and send to 10191 Linden Ave Unit 20, Bloomington CA, 92316. Memo "Cedar House Heroes Gala." Otherwise, complete information below. Thank you!

Name as it appears on the card _____

Billing Address _____

City _____ State _____ Zip _____

Type of Card (Discover/Visa/MC only) _____ Exp Date _____

Credit Card Number _____ CVC Code _____ Phone # (____) _____

If one time gift, total amount to charge to card: \$ _____

Please make this a recurring monthly gift of \$ _____ effective (month) _____, 20____.