Join us this year as a returning sponsor for
Anchorage Project Access' 16th annual fundraiser!!!
Revolutions- Spin for Health Care 2026! January 17 – January 31, 2026
Live spin cycle event from 10:00 – 2:00 at the Dimond Center.
Our goal is $100,000!

Your continued support brings life-changing donated specialty medical, dental, and mental health care to Alaskans with limited income who are uninsured.

According to APA patient, Ernie Mott, "About seven months ago, I was diagnosed with prostate cancer. Like many others, I didn't have health insurance at the time. That's when I was referred to Anchorage Project Access, and from that moment on, things started to change for the better. I was connected to the most compassionate and knowledgeable providers I've ever met. I received donated care from urologists and oncologists through APA. I want to thank everyone at Project Access who worked closely with me from day one helping me get the care I needed, and they assisted me in getting Medicaid health insurance.

I've lived in Alaska most of my life and worked in construction — helping build homes, clinics, and churches for Alaska communities. I've always believed in showing up and doing the work. Anchorage Project Access showed up for me when I needed it most, and I want to thank them — all of them — for being there. It's not over yet, and I still have work to do, but I'm on the path. And that's because of this organization, the doctors who gave their time, and the people who believed I was worth helping."

APA is Alaska's only health care safety net of its kind. Your sponsorship helps us to provide patients with life-saving donated cancer treatment, orthopedic surgeries, cardiac care, dental care, mental health care, and physical therapy to name a few of the 60 specialties donated through APA. You will be ensuring our patients receive the health care they need from over 825 local donating providers. Your support provides care coordination, medication assistance, transportation, interpreter services, and access to community resources.

Join us in making the ***16th Annual Revolutions- Spin for Health Care*** the best health event of 2026 by being a premier sponsor! As a sponsor, you may choose to "ride/spin" during the hybrid event or proudly sponsor the event. We will advertise your business before, during, and after Revolutions, by offering APA website postings, PSA's and a robust social media campaign.

Sign up today to support Revolutions 2026!! If you have any questions, please call **907-743-6600** or events@AnchorageProjectAccess.org. You can also complete sponsor forms and/or create a team online at: anchorageprojectaccess.org

Very sincerely,

Melinda Freeman

Executive Director

3340 Providence Dr. Ste A370 • Anchorage, AK 99508
Phone: (907) 743-6600 • Fax: (907) 646-0542 • AnchorageProjectAccess.org

VIRTUAL Event | Saturday, January 17, 2026 – January 31, 2026
LIVE Event at Dimond Center Mall | January 31, 2026 (10AM - 2PM)

OFFERING LIFE-CHANGING MEDICAL, DENTAL & MENTAL HEALTH SERVICES TO INDIVIDUALS WITHOUT INSURANCE OR ACCESS TO HEALTH CARE

HELP US RAISE $100,000

REVOLUTIONS SPONSORSHIP LEVELS

Premier Sponsor _____ **$10,000**

- Designated as co-host of virtual and live event on Facebook
- Premier placement of logo on all sponsor recognition materials, media, and APA website
- Premier placement of sponsor table provided at live event - must register a table by **January 23** to guarantee table placement
- Recognition in the Anchorage Project Access Annual Report

Champion for Project Access _____ **$5,000**

- Placement of logo on all sponsor recognition materials, media, and APA website
- Sponsor table provided at live event - must register a table by **January 23** to guarantee table placement
- Recognition in the Anchorage Project Access Annual Report

Partner in Health _____ **$2,500**

- Emphasized Company (personal) name on the APA website
- Table space provided at live event - must register a table by **January 23** to guarantee table placement
- Recognition in the Anchorage Project Access Annual Report

Friend of Medicine _____ **$1,500**

- Company (personal) name on the APA website
- Recognition in the Anchorage Project Access Annual Report

Thoughtful Giver _____ **$500**

- Recognition in the Anchorage Project Access Annual Report

Benefits to you and your business: Anchorage Project Access greatly appreciates your support of our annual fundraiser. Your sponsorship helps hundreds of people each year receive donated care. The media campaign includes a robust Facebook & Instagram campaign to advertise the event. APA will have sponsored shout outs throughout the virtual event. A sponsor page on the APA website will be interactive directing people to your business through links you provide to APA.

Questions? Please contact events@anchorageprojectaccess.org *or 907 743-6600*

Anchorage Project Access is a 501(c)(3) Charitable Organization. Tax ID #92-0152088

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SPONSORSHIP FORM 2026 – HELP US REACH OUR GOAL OF $100,000

Thank you for your support of Anchorage Project Access' mission to ensure low-income, uninsured individuals can access life-saving donated health care. Indicate below your level of sponsorship, complete contact information, and payment option. Mail, Fax, Scan or fill out an online sponsorship form to send to Anchorage Project Access. We look forward to highlighting you and your business in the promotional activities for Revolutions!

For more event information and sponsorship opportunities:

VISIT ANCHORAGEPROJECTACCESS.ORG | EMAIL EVENTS@ANCHORAGEPROJECTACCESS.ORG | 907-743-6600

- ☐ **PREMIER SPONSOR** _____ **$10,000**
- ☐ **CHAMPION FOR PROJECT ACCESS** _____ **$5,000**
- ☐ **PARTNER IN HEALTH** _____ **$2,500**
- ☐ **FRIEND OF MEDICINE** _____ **$1,500**
- ☐ **THOUGHTFUL GIVER** _____ **$500**
- ☐ **RIDER SPONSOR** _____ **$250**

CONTACT INFORMATION	PLEASE PRINT ALL INFORMATION
COMPANY	
CONTACT PERSON & TITLE	
PHONE	
FAX	
EMAIL	
WEB ADDRESS	
MAILING ADDRESS	
PAYMENT OPTIONS	Amount of Donation $_____ ☐ Check enclosed. Make check payable to ***Anchorage Project Access***. ☐ Call me and I'll provide credit card information ☐ Credit Card: ___ Visa ___ Mastercard ___ Discover ___ American Express Credit Card # _____ Expiration Date _____ CVV _____ ZIP _____ Print Name on Card _____ Authorized Signature _____

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