

# **mpower** THE 45TH ANNUAL CELEBRATION

**the night**  metropolitan family services™

**FRIDAY, NOVEMBER 13, 2026  
6:00PM - 11:00PM CST**

Join us at the Radisson Blu Aqua Hotel on Friday, November 13th for our signature annual fundraiser. Come together with Chicago-area civic, business and philanthropic leaders for Metropolitan Family Services' **45th Annual Mpower the Night, a celebration of community, where — together — we will empower the evening** by highlighting the achievements of our families and the impact of our programs, all made possible by *your* investment in our communities.

Our signature event supports Metropolitan Family Services' programs, which empowers 205,511 families and individuals to safely learn, earn, heal and thrive.

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## HONORING THIS YEAR'S LEGACY AWARDEE

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We are pleased to honor Mesirow with the Legacy Award, to be accepted by Richard S. Price, Executive Chairman and Interim CEO

# Mesirow

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## SPECIAL THANKS TO OUR HOST COMMITTEE

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Erik Barefield, Chair  
Akinade Aderele  
Mackenzie Allen  
Deb Bogo-Ernst  
Erica Borggren  
Erica Canzona  
Julie Chavez  
Julia Cloud  
Merle Cohen  
Jennifer Comparoni  
Jeff Dorsey  
Arne Duncan  
Jacob Dvoracek  
Craig Esko  
Gary Gerst

James Gilliam  
Christy Harris  
Daron Hines  
Roger Hochschild  
Ashley Joyce  
Dominika Kolendo  
Peter Lantero  
Aleck Matambo  
Jim McDonald  
Tameka Newman  
Diana Palomar  
Virginia Pillman  
Denise Poole  
Richard Price  
Barbara Rapp

Allen Rodriguez  
Bryan Rozum  
Audrey Rubin  
Sophia Ruffolo  
Lavelle Schaffer  
Lisa Schenkman  
Scott Simmons  
Leslie Smith  
Scott Solberg  
Jan Stewart  
John Storino  
David Tropp  
Peter Van Nortwick  
Matthew Walch  
Debbie Wright

MORE DETAILS AT [METROFAMILY.ORG/MPOWER](https://metrofamily.org/mpower)

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 metropolitan family services™

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## SPONSORSHIP LEVELS

### IMPACT LEADER \$100,000

- Two-page ad (spread) in program book
- Prominent logo placement on event signage
- Full screen logo placement during audiovisual display
- Recognition on event web page and in annual report
- Two tables (10 seats each) with priority seating and signage at table

### MPOWER \$75,000

- Two-page ad (spread) in program book
- Prominent logo placement on event signage
- Full screen logo placement during audiovisual display
- Recognition on event web page and in annual report
- Two tables (10 seats each) with priority seating and signage at table

### CHAMPION \$50,000

- Two-page ad (spread) in program book
- Prominent logo placement on event signage
- Full screen logo placement during audiovisual display
- Recognition on event web page and in annual report
- One table (10 seats) with priority seating and signage at table

### RECEPTION \$30,000

- Recognition and signage at reception
- Listing in program book as Reception sponsor
- Recognition on event web page and in annual report

### ADVOCATE \$25,000

- Full-page ad in program book
- Logo placement on event signage and audiovisual display
- Recognition on event web page and in annual report
- One table (10 seats) with signage at table

### CONNECTOR \$15,000

- Half-page ad in program book
- Logo placement on event signage and audiovisual display
- Recognition on event web page and in annual report
- One table (10 seats) with signage at table

### FRIEND \$10,000

- Listing in program book
- Recognition on event web page and in annual report
- One table (10 seats) with signage at table



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## SPONSORSHIP INFORMATION

- Impact Leader \$100,000     Mpower \$75,000     Champion \$50,000  
 Reception \$30,000     Advocate \$25,000     Connector \$15,000     Friend \$10,000  
 Individual Tickets \$750 - Qty \_\_\_\_\_  
 I/We cannot attend but would like to donate \$ \_\_\_\_\_  
 My company will match my gift:     Form enclosed     My company will send form  
Company Name \_\_\_\_\_

## DONOR INFORMATION

- Individual     Corporation \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
**Donor Listing (How you/your company wish to be listed):** \_\_\_\_\_

## PAYMENT AND SUBMIT INFORMATION

- Please Charge: Amount: \_\_\_\_\_  
 Visa     MasterCard     Discover  
 Amex     My check is enclosed  
Card Number: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ CVC: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Mail:** Metropolitan Family Services  
Attn: Molly Durava  
101 North Wacker Drive, 17th Floor  
Chicago, IL 60606  
**Phone:** 312-986-4046  
**Email:** duravam@metrofamily.org

MORE DETAILS AT [METROFAMILY.ORG/MPOWER](https://www.metrofamily.org/mpower)



metropolitan family services™

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**RECOGNITION GIFT**

Give a recognition gift for the **45th annual mpower the Night** to highlight, like the event itself, the lasting impact an individual or group has made on the greater Chicago area and the families we serve.

The honoree and donor will receive recognition through our **45th annual mpower the Night** activities including on the audiovisual display during the event, as well as our website, program book, and in our Annual Report.

**EXCELLENCE IN LEADERSHIP**

- \$50,000 Name of honoree recognized: \_\_\_\_\_
- \$25,000 Name of donor: \_\_\_\_\_
- \$10,000
- \$5,000
- \$2,500

**IN HONOR**

- \$50,000 Name of honoree recognized: \_\_\_\_\_
- \$25,000 Name of donor: \_\_\_\_\_
- \$10,000
- \$5,000
- \$2,500

**IN MEMORIAM**

- \$50,000 Name of honoree recognized: \_\_\_\_\_
- \$25,000 Name of donor: \_\_\_\_\_
- \$10,000
- \$5,000
- \$2,500

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**SILENT AUCTION GIFT IN KIND - DONATION FORM**

- I will deliver to Metropolitan Family Services' office  
 Please contact me to arrange pick-up  Other

Complete item description (size, services offered, dates available, restrictions, etc.):

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Estimated Value: \_\_\_\_\_ Exp. Date\*: \_\_\_\_\_

\* We kindly request that the expiration date be at least one year from the date of the event or later.

**DONOR INFORMATION**

Individual  Corporation \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Donor Name (How you wish to be listed): \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT BY WEDNESDAY, NOVEMBER 4, 2026**

**Mail:** Metropolitan Family Services  
Attn: Julietta Shaw  
101 Wacker Drive, Suite 1700  
Chicago, IL 60606

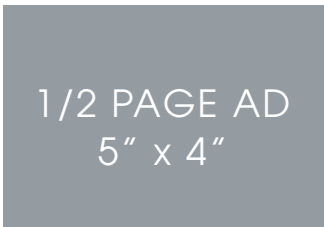
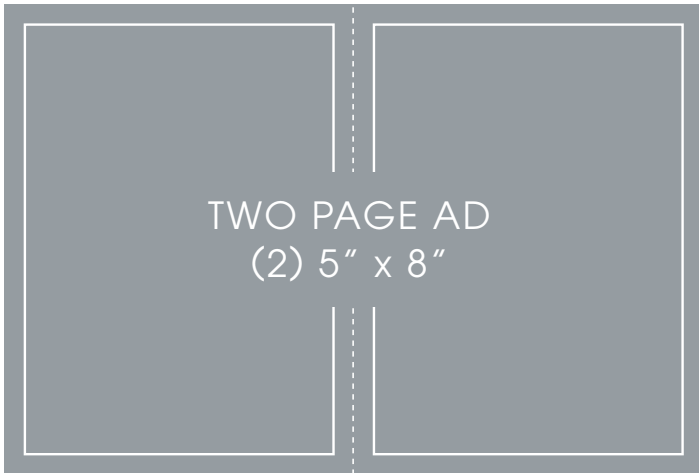
**For more information please contact  
Julietta Shaw  
Phone: 773-882-9848  
Email: shawj@metrofamily.org**

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**PROGRAM AD SPECIFICATIONS**



**DIMENSIONS**

(width x height in inches)

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|                   |             |
|-------------------|-------------|
| TWO PAGE AD ..... | (2) 5" x 8" |
| ONE PAGE AD ..... | 5" x 8"     |
| HALF PAGE .....   | 5" x 4"     |

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Ads must conform to these dimensions. In the event they do not, the ad will be reduced or enlarged to fit the designated space. Two page spread ads should be prepared as 2 one page ads (5" x 8") to adhere to 1/2" middle margin. This will ensure proper visibility when the program is bound.

**Preferred File Format**

- PDF or JPEG
- Files must be black and white

**AD DEADLINE:**

Wednesday, October 21, 2026

Please submit all files to Molly Durava at [duravam@metrofamily.org](mailto:duravam@metrofamily.org)

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