

**THE C.W. WILLIAMS COMMUNITY HEALTH CENTER, INC.
PRESENTS ITS 12TH ANNUAL**

**BACK TO SCHOOL
COMMUNITY HEALTH FAIR**

**Saturday, August 8, 2026
10:00 AM – 2:00 PM**

**3333 Wilkinson Blvd
Charlotte, NC 28208**





Potential Vendor/Sponsor

Thank you for your interest in supporting CWWCHC in our annual event in recognition of National Health Center Week. CWWCHC will provide Back-to-School physicals, immunizations, health screenings, vision testing, resources and school supplies to the Mecklenburg County community. We are delighted to share this packet providing opportunities for you to support this wonderful event. We look forward to collaborating soon!



CWWCHC's Annual Back-to-School Community Health Fair

The C.W. Williams Community Health Center, Inc. (CWWCHC), takes great pride in our commitment to connect patients. CWWCHC offers the highest quality medical, dental, behavioral health, STI and prevention treatment, 340B pharmacy, maternal, pediatric, nutrition, community outreach, and support services, regardless of a person's ability to pay.

CWWCHC will host its 12th Annual Back to School Community Health Fair on Saturday, August 8, 2026, from 10:00 am until 2:00 pm. **Featuring:** free backpacks and school supplies, health screenings, educational materials, school and sports physicals, immunizations, vendors, food, live music, games, prizes, and fun for the entire family.

Become a vendor and / or sponsor by completing the form below. Sponsorship will offer you the opportunity to share your company's resources and other information with the entire community.

[Vendor space is extremely limited and will be offered on a first come, first serve basis.](#)

Please complete and return the form below no later than Friday, July 17, 2026.

Location: 3333 Wilkinson Blvd., Charlotte, NC 28208.

Your participation is greatly appreciated!

Sincerely,

Debra Weeks, CEO

Vender/Sponsor Registration Form

Please type or print clearly

Agency/Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Event Details Contact Name: _____

Telephone: _____

Email: _____

Billing/Payment Contact Name: _____

Telephone: _____

Email: _____

Vendors Booth Fee: \$75 each

Type of Booth (select one): Business Food Activity Health/Wellness Other

Please describe: _____

Event Sponsors Opportunities: Select all that apply.

_____ **Platinum Sponsor** (\$1,000): Benefits: Recognition at event, in press releases, on printed materials, event sponsor board, and CWWCHC website; 1 booth.

_____ **Corporate Sponsor** (\$500): Benefits: Recognition at event, on materials and event sponsor board; 1 booth.

_____ **Refreshments Sponsor** (\$350): Benefits: Event sponsor board placement; signage near food table; 1 vendor booth.

_____ **Game Sponsor** (\$250): Benefits: Event sponsor board placement; signage at game site; 1 vendor booth.

_____ **Bookbag Sponsor** (\$200): Covers the cost of 30 bookbags (unpacked)

_____ **General Donation:** I would like to donate \$ _____ in support of this event.

Instructions: Set up time is 8:00 am and breakdown is 2:00 pm.

Please be sure your area is clean and free of trash.

One table and two chairs will be provided for each booth.

Each applicant will receive a confirmation email upon receipt of completed form.



IN-KIND DONATION FORM

12th Annual Back to School Community Health Fair

Today's Date: _____

Name: _____

Company: _____

Address: _____

City, State Zip: _____

Email Address: _____

Phone: _____

Item Description (or select from list below):

Value of Donation: _____

Quantity: _____

Acceptable Donation Items

School Supplies

- | | |
|---|--|
| <input type="checkbox"/> Book Bags | <input type="checkbox"/> Rulers |
| <input type="checkbox"/> Pencils (wooden or mechanical) | <input type="checkbox"/> Scissors |
| <input type="checkbox"/> Pens | <input type="checkbox"/> Pencil Pouches |
| <input type="checkbox"/> Erasers | <input type="checkbox"/> Glue Bottles |
| <input type="checkbox"/> Markers | <input type="checkbox"/> 2 Pocket Folders |
| <input type="checkbox"/> Highlighters | <input type="checkbox"/> Paper (wide and college ruled) |
| <input type="checkbox"/> Colored Pencils | <input type="checkbox"/> Composition Notebooks |
| <input type="checkbox"/> Crayons | <input type="checkbox"/> Spiral Notebooks (wide and college ruled) |
| <input type="checkbox"/> Glue Sticks body text | |

Acceptable Donation Items (cont.)

Giveaways

- Prizes for Prize Wheel & Raffles
- Hair Cut/Style Vouchers for Children
- Items for Registration Bags
(e.g., hand sanitizer, Kleenex packets,
lip balm, et. al.)

Refreshments

- Bottled Water
- Gatorade
- Non-perishable Snacks
- Chips

Payment Information

Please submit completed form and payment by **Friday, July 17, 2026**.

Payment for booths and sponsorships can be made via check (made payable to The C.W. Williams Community Health Center, Inc.) or credit card. Please email completed form to events@cwwilliams.org. At that time you will receive confirmation of receipt and a payment link to complete vendor and sponsorship payments.

Mail checks to:

**C.W. Williams Community Health Center
3333 Wilkinson Blvd. Charlotte, NC 28208
Attn: Jennifer Fuentes**

Monetary Donations



[CWWCHC 12th Annual Back-to-School Community Health Fair Vendor / Sponsor Registration – Fill out form](#)