

## Contact Information

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Web Address: \_\_\_\_\_

## Sponsorship Levels

A variety of levels are available to organizations seeking to engage with The Center for Health Affairs' work. Please select the level you are committing to. For more information on our sponsorship program, please contact Pat Raffaele at [pat.raffaele@chanet.org](mailto:pat.raffaele@chanet.org).

 **Level 1: Allied Partner** - \$1,200 **Level 2: Collaborator** - \$3,500 **Level 3: Contributor** - \$7,500 **Level 4: Friend of The Center** - \$10,000

## Payment Information

Billing Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Remittance Instructions

**Please select the payment method you wish to use.**Questions regarding payment may be directed to Debora Curtis at [debora.curtis@chanet.org](mailto:debora.curtis@chanet.org). PayPal ([Click here to pay](#)) ACH (*Details on how to submit payment by ACH will be provided upon receipt of this sponsorship form*) Check (*Make payable to The Center for Health Affairs, Attn: Accounting Department*)

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_