

BE A
HEALTH PARTNERS FREE CLINIC
PARTNER

Level 1: Partnership Contribution

- Contribute on-line at healthpartnersclinic.org or by mail.
- Your name or Company name will appear in our 2009 Annual Report and Newsletters.

Level 2: Partnership In-Kind

- Volunteer your time, services and or/supplies to Health Partners Free Clinic.
- Your name or Company name will appear in our 2009 Annual Report and Newsletters.

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CORPORATE PARTNER

Level 3: Corporate Partner

- \$5,000 Annual Gift for 5 Years – Naming Rights on a Workspace (3 Available)
- \$10,000 Annual Gift for 5 Years – Naming Rights of an Exam Room (4 Available)
- \$20,000 Annual Gift for 5 Years – Naming Rights of a Classroom (1 Available)
- You or your Company will be included on the Clinic website as a “Corporate Partner” for 5 Years.
- You or your Company will be recognized in our 2009-13 Annual Reports and Newsletters.

I would like to support Health Partners Free Clinic at the following level:

Level 1: Donation Amount \$ _____ my check # _____ is enclosed.

Level 2: Please Contact me I'd like to Donate Time or Services _____

Level 3: I would like to be a 5-Year Corporate Partner at the following level:

\$5,000 _____ **\$10,000** _____ or **\$20,000** _____

Please provide the Corporate Partner Benefits listed above _____ -- **OR** -- I prefer to give anonymously _____.

Please contact me about supporting Health Partners by helping to underwrite a fundraising event, the annual volunteer appreciation event, or another clinic event _____.

Name (Contact): _____ E-Mail _____

Company Name _____ Telephone _____

Address _____ City, State, Zip _____

Please detach this section and return in the self addressed envelope.