

Company Information

Company Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Membership Level (select one)

- PARTNER: minimum donation \$10,000 (2-Year Membership)**
- Recognition as *Charter* Corporate Member for as long as membership continues
 - Logo with listing in RPF Newsletter *The Shield* for two years
 - Hyper-linked logo displayed on RPF Corporate Member Page for two years with one-line description of company mission
 - 4 Invitations to first *Annual RPF Gratefulness Gala*
 - Logo with listing in Annual Report for one year
 - Recognition in RPF Annual Report by giving level
 - Acknowledgements of donation via social media
- COLLABORATOR: minimum donation \$3,500 (1-Year Membership)**
- Logo displayed on RPF Corporate Member Page for one year with one-line description of company mission
 - 2 Invitations to first *Annual RPF Gratefulness Gala*
 - Logo with listing in RPF Newsletter *The Shield* for one year
 - Recognition in RPF Annual Report by giving level
 - Acknowledgements of donation via social media
- ALLY: minimum donation \$1,500 (1-Year Membership)**
- Listed on RPF Corporate Member Page for one year with one-line description of company mission
 - Recognition in RPF Annual Report by giving level
 - Listing in RPF Newsletter *The Shield* for one year
 - Acknowledgements of donation via social media

Donation Method (select one)

- Mailed Check
- Electronic Donation

Please make checks payable to:

**Corporate Membership
Rheumatoid Patient Foundation
P.O. Box 236251
Cocoa, FL 32923**

Please be sure to include a printed copy of this form.

Donations can also be made via our RPF donation button at <http://rheum4us.org>. However, a percentage is lost to service charges. If you do make an online donation, be sure to also email or mail a copy of this form.

Donations of any amount to the Rheumatoid Patient Foundation are assessed as tax-deductible.

No commitments are guaranteed or implied by Rheumatoid Patient Foundation other than those expressed on this form.

Signature: _____

Date: _____