



Corporate Circle Partnership Invoice

<p>Bill To: Address:</p> <p>Phone: Email: Attn:</p>	<p><i>We are very grateful for your support.</i></p> <p>Invoice # _____</p>
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DESCRIPTION	AMOUNT
<p>CORPORATE CIRCLE PARTNERSHIP</p> <p>Partnership Level: _____</p> <p>Partnership for <u>2016</u></p> <p>* Please update and sign the attached application. Please make checks payable to the Brain Injury Alliance of New Jersey or BIANJ.</p> <p style="text-align: center;"><i>Are you thinking of upgrading your membership level? Visit http://bianj.org/corporate-circle/ for information. Do you have questions about the Corporate Circle Partnership Program? Please contact Wendy Berk, Vice President of Development at wberk@bianj.org or 732-745-0200</i></p>	<p>\$00,000.00</p>
TOTAL	\$00,000.00



**CORPORATE CIRCLE PARTNERSHIP
Contact Information Form**

Your Annual Partnership Renewal Date is: March 15

1. Company: _____

2. Authorized Signature: _____ 3. Date: _____

(Please sign at time of renewal)

4. Address: _____

5. Contact Person: _____

6. Phone: _____ Ext.: _____ 7. Fax: _____

8. Email: _____ 9. Add me to your E-News mailing list.

10. Faculty/Corporation as you would like it to appear in print: _____

11. We would be proud to participate as a:

\$10,000 **Platinum** Circle Partner

\$ 2,500 **Silver** Circle Partner

\$7,500 **Diamond** Circle Partner

\$ 1,000 **Bronze** Circle Partner

\$ 5,000 **Gold** Circle Partner

12. Payment: Please pay a minimum of 50% of the partnership fee at time of application.

IN FULL SEMI-ANNUALLY CHECK ENCLOSED CHECK TO FOLLOW

Make checks payable to: **BIANJ**

Confirmation of acceptance to the terms of this partnership will be returned.
Keep a copy for your records.
Application has been approved and accepted on behalf of the Brain Injury Alliance of New Jersey.

Signature: _____ Date: _____

Rita Steindlberger, President & CEO