



# Corporate Circle Partnership Renewal

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



**CORPORATE CIRCLE PARTNERSHIP RENEWAL  
Contact Information Update**

**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