



# Corporate Circle Partnership Invoice

<p><b>Bill To:</b> <b>Address:</b></p> <p><b>Phone:</b> <b>Email:</b> <b>Attn:</b></p>	<p><i>We are very grateful for your support.</i></p> <p><b>Invoice #</b> _____</p>
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DESCRIPTION	AMOUNT
<p><b>CORPORATE CIRCLE PARTNERSHIP</b></p> <p><b>Partnership Level:</b> _____</p> <p><b>Partnership for</b> <u>2016</u></p> <p><b>* Please update and sign the attached 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>	<p><b>\$00,000.00</b></p>
<b>TOTAL</b>	<b>\$00,000.00</b>



**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