



Corporate Circle Partnership Renewal

<p>Bill To: Address: Phone: Email: Attn:</p>	<p><i>It's time to renew!</i> <i>We are very grateful for your support.</i> Renewal # _____</p>
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DESCRIPTION	AMOUNT
<p>CORPORATE CIRCLE PARTNERSHIP RENEWAL</p> <p>Partnership Level: _____</p> <p>Partnership Renewal for _____</p> <p>* Please update and sign the attached renewal 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>	
TOTAL	



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