



Kentuckiana  
Health Collaborative

## COMMITMENT FORM

[ ] YES: Please include us as a sponsor in the community to raise our health status and awareness as well as to improve health care delivery to Kentuckiana residents. You can count on us to contribute.

*Please fill in the actual dollar amount of your contribution:*

\$ _____	Platinum	\$10,000 and up
\$ _____	Gold	\$5000 - \$9999
\$ _____	Silver	\$1000 - \$4999
\$ _____	Bronze	\$250 - \$999

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Business or Organization: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

The Kentucky Diabetes Network is the fiscal agent of the Kentuckiana Health Collaborative. Checks for **your tax deductible contribution** should be made payable to the Kentucky Diabetes Network (Federal Tax ID: 34-1977955). Please note "KHC" in the check memo. For planning purposes, please return this form via mail or fax (502-238-3606) as soon as possible, but preferably no later than June 10, 2011.

Our mailing address is:

Kentuckiana Health Collaborative  
ATTN: Randa Deaton  
1930 Bishop Lane, Suite 1023  
Louisville, KY 40218

