



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

