



**MY/OUR BUSINESS WOULD LIKE TO JOIN THE BUSINESS ALLIANCE FOR COMMUNITY HEALTH**

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Company Name (as you wish to be recognized)

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Name of Company Representative (contact)

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Phone Number

Email

Fax Number

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Street Address

City/State/Zip

**MEMBERSHIP LEVEL**

\_\_\_ \$500-\$999      **Your level of support \$** \_\_\_\_\_

Certificate of BACH membership  
Invitation to quarterly BACH gatherings  
Listing on the ECHN corporate webpage (bottom of page)  
Listing in business-to-business directory  
Listing in ECHN's Annual Report  
Invitation to certain ECHN activities

\_\_\_ \$1,000-\$2,499      **Your level of support \$** \_\_\_\_\_

BACH membership plaque  
Invitation to quarterly BACH gatherings  
At least one health presentation of your choice at your job site  
Listing on the ECHN corporate webpage (middle of page) with link to your website  
Listing in business-to-business directory  
Listing in ECHN's Annual Report  
Private hospital tours for your company if requested  
Invitation to certain ECHN events/activities

\_\_\_ \$2,500 and above      **Your level of support \$** \_\_\_\_\_

BACH membership plaque  
Invitation to quarterly BACH gatherings  
At least one health presentation of your choice at your job site  
Listing on ECHN corporate webpage (top of page) with link to your website  
Story of your company in ECHN's publication of *Neighbor & Friends* and the general media outlets  
Listing in business-to-business directory  
Listing in ECHN's Annual Report  
Private hospital tours for your company if requested  
Invitation to all ECHN events/activities  
Invitation to Luncheon with CEO or VP of ECHN

(OVER)

I do not wish to join BACH, but would like to make a corporate contribution to support ECHN in the amount of \$\_\_\_\_\_.

**PAYMENT**

My check is enclosed in the amount of \$\_\_\_\_\_.

**Please bill me**  monthly  quarterly  semi-annually

**Please charge my**  American Express  MasterCard  VISA  Discover

Card Number\_\_\_\_\_ Expiration Date\_\_\_\_\_

Please submit this form with payment to:

**Business Alliance for Community Health**  
c/o ECHN Community HealthCare Foundation, Inc.  
71 Haynes Street  
Manchester, CT 06040

Contact: Stan Kontogiannis, Corporate & Foundation Relations (860) 872-5056  
email: skontogiannis@echn.org

*All gifts are tax-deductible to the extent permitted by law. Membership donations follow ECHN's fiscal year of October 1 to September 30.*

**Thank you for your support and commitment to community health!**