



Corporate Partnership Application

Corporate Name: _____

Address: _____

City: _____ Ohio, Zip Code: _____

Phone: _____ Fax: _____

Designated Contact for the OAFP Foundation

Name: _____

Title: _____

Phone: _____ Extension: _____ Fax: _____

E-mail: _____

Corporate Partnership Categories:

- Grand Patron \$5,000 and above
- Champion \$2,500 to \$4,999
- Benefactor \$1,000 to \$2,499
- Sustainer \$500 to \$999

Membership Year: _____

Funds should be designated to:

- Unrestricted donation
- Where needed most
- Specific program: _____

Signature of Authorized Individual

Date

Please submit this form, along with your check to:

Ohio Academy of Family Physicians Foundation

4075 N. High St., Columbus, OH, 43214 | Fax: 614-267-9191 | Email: kmcguffie@ohioafp.org

OAFP Foundation Tax-Exempt Identification #31-1191776