



## Corporate Partnership Agreement

Corporate Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Ohio, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Corporate Website: \_\_\_\_\_

### Designated Contact for the OAFP Foundation

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

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

Phone: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Corporate Partnership Commitment Levels:

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

Partnership 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](mailto:kmcguffie@ohioafp.org)

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