

Business Honor Roll

I accept this invitation to participate in the Business Honor Roll designation offered by Commonwealth Health Foundation. I hereby signify my intention to contribute as follows:

- \$ _____ \$100,000+ annual
- \$ _____ \$25,000 – \$99,999 annual
- \$ _____ \$10,000 - \$24,999 annual
- \$ _____ Honorary (less than \$10,000 annual)

I would like to receive reminders about this gift as indicated below:

- Annually Semi-Annually Quarterly

Payment of \$ _____ is enclosed.

Authorized Signature Date

Recognition Name: _____
(Please print your name as you want it to appear in donor listings)

Please recognize this gift as Anonymous.

Mailing Address: _____

Contact Name: _____

Business Phone: _____ Fax: _____

E-mail address: _____ Website Address: _____

Please make your check payable to Commonwealth Health Foundation and return with the completed form to:

*Commonwealth Health Foundation
800 Park Street
P. O. Box 1868
Bowling Green, KY 42102-1868*