



THO Support Member & Sponsorship Commitment Form

Jan. 1 – Dec. 31, 2017

1. Company Information

Company Name					
Contact's Name					
Address					
City		State		ZIP	
Email Address				Phone	

2. Support Member Level (circle level below)

Lilly \$1,500	Iris \$950	Dogwood \$750	Support Member \$350
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3. Method of Payment

Payment is due within 30 days of submitting this form.	
<input type="checkbox"/>	Check (make payable to the Tennessee Hospice Organization EIN: 62-1406154)
<input type="checkbox"/>	Invoice our company
<input type="checkbox"/>	Charge the following credit card (circle):
	<input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
	Card Number: _____ Exp. Date: ____/____/____
	Sec. Code: _____ Name on Card: _____
	Signature: _____

Please return this form and payment to:
Adrienne Nordman
5201 Virginia Way, Brentwood, TN 37027
P: 615-401-7469 | F: 615-242-4803 | E: anordman@tha.com

For Office Use Only:

Received Date: ____/____/____ Payment Processed: ____ Benefits: ____