



Corporate Partnership Program Sponsorship Commitment Form

Yes, we would like to become a Corporate Partner at the following level:

Leaders **\$100,000**
Supports the stipends the community health centers pay for all 6 Community HealthCorps Members for one year

Visionaries **\$50,000**
Supports 3 Community Health Workers supporting patients in connecting to care, navigating the health care system and providing preventive education

Influencers **\$25,000**
Supports the work of 2 Community HealthCorps Members for one year

Sustainers **\$10,000**
Supports the provision of electronic health records (EHR) support services to a safety net sole practitioner for one year

Advocates **\$5,000**
Supports a week of eClinicalWorks Super User training for 5 health center staff members

Friends **\$2,500**
Supports a community-based train-the-trainer session for Community Health Workers on chronic disease self-management

**Please note that participation in our partnership program is not an endorsement by the DC Primary Care Association of an organization or a particular product(s).

Contact Information:

Name:

Company:

Address:

City/State/Zip:

Phone:

Email:

Payment Information

Make checks payable to:

DC Primary Care Association

Mail completed form and payment to:

Maisha Armstrong
DC Primary Care Association
1411 K Street, NW, Suite 300
Washington, DC 20005

Please contact Maisha Armstrong at marmstrong@dc pca.org or 202-638-0252 if you have any questions or need additional information.