

CHF CORPORATE SPONSOR FORM



Citizens for Healthcare Freedom

Educating Consumers in Healthcare Choices

P.O. Box 12893 - Raleigh, North Carolina 27605

Name of Applicant: _____		Title: _____	
Company: _____			
Street Address: _____			
Mail Address: _____			
City _____	State _____	Zip Code _____	
Phone _____	Fax _____	Years In Business _____	
E-Mail: _____			
Our Business Is: _____			
Number of Employees: _____		Statewide: _____ Nationally: _____	
Signature _____		Date _____	
Amount Enclosed			
CORPORATE SPONSOR 2006:		\$2,000.00	
CORPORATE CO-SPONSOR:		1,000.00	
CORPORATE FRIEND:		500.00	

TOTAL AMOUNT ENCLOSED: \$ _____

By joining ranks, CHF members can be an effective voice to protect our customer's choices in healthcare and our livelihood.

When you need help with a problem, CHF is here for you !

Mail form with check to: **CHF - NC Fund, Inc., P.O. Box 12893, Raleigh, NC 27605**

Email: CHFLegislative@aol.com

Phone: (336) 210-1947

www.citizensforhealthcarefreedom.org