

ANNUAL ALLIANCE



Please visit www.cdcfoundation.org/annual-alliance to download this enrollment form online.

YES, WE WISH TO JOIN THE ANNUAL ALLIANCE to help advance the lifesaving work of the U.S. Centers for Disease Control and Prevention (CDC)

Giving Level (Please check one)

- Platinum: \$50,000
- Gold: \$25,000
- Silver: \$10,000
- Bronze: \$5,000
- Foundation: \$2,500
- Other: \$ _____

Contact Information (Important: please list all information as it should appear on website, in publications)

Organization Name _____

Address _____

Primary Contact _____

Title _____

Email _____

Phone _____

Pay by Check (Check payable to CDC Foundation)

Pay by Credit Card

Credit Card Type

- Visa
- Mastercard
- American Express
- Discover

Name _____

Organization _____

Card # _____

Exp. Month/Year _____

Billing Address (if different than above)

Name _____

Address _____

CDC Foundation Federal Tax Identification Number: 58-2106707

SUBMIT COMPLETED FORM TO:

Ms. Amy Macklin
Senior Advancement Officer, CDC Foundation
600 Peachtree Street NE, Suite 1000
Atlanta, GA 30308
404.523.1874
Via email: amacklin@cdcfoundation.org
Via fax: 404.653.0330