

2017 AGENCY COMMUNITY ADVOCATE FORM



HWCLI community advocates have a strong, collective voice for Long Island's health and human services sector and greater opportunity to have their voices heard. HWCLI provides community advocates with the latest health and human service industry information, opportunities to contribute to joint advocacy efforts, and scheduled forums to share and coordinate efforts.

Name: _____ Title: _____

Organization: _____

Organization Type: Nonprofit Corporation Government Foundation Other: _____

Address: _____ City: _____

State: _____ Zip: _____ E-Mail: _____ Telephone: _____

Fax: _____ Number of Paid Staff: _____ Budget: _____

MEMBERSHIP

CORPORATE		ANNUAL FEE
<input type="checkbox"/> Sponsor		More than \$2,500
<input type="checkbox"/> Advocate		\$2,500
NONPROFIT	NONPROFIT BUDGET SIZE	ANNUAL FEE
<input type="checkbox"/> Advocate	Above \$4 million	\$1,000
<input type="checkbox"/> Sustainer	\$1 - \$3.9 million	\$500
<input type="checkbox"/> Supporter	Under \$1 million	\$300

If fees are cost prohibitive, feel free to inquire about additional options.

PLEASE ACCEPT THIS ADDITIONAL DONATION:

<input type="checkbox"/> \$25	<input type="checkbox"/> \$100	<input type="checkbox"/> \$300
<input type="checkbox"/> \$50	<input type="checkbox"/> \$200	<input type="checkbox"/> Other: \$_____

PAYMENT METHOD

<input type="checkbox"/> Check (Payable to Health & Welfare Council of Long Island)				
<input type="checkbox"/> PayPal (please contact us at info@hwcli.com to pay via PayPal).				
<input type="checkbox"/> Credit Card (Visa/MasterCard/American Express only) Please complete credit card information below:				
Name				
Credit Card #	Security Code	Exp. Date		
Signature	Date			

Automatic Renewal Option

For your convenience, we offer automatic renewal for credit card users by checking the box below. This agreement remains in effect until you notify us in writing or via email. No fees are deducted until all information is verified.

I would like to have my dues automatically renewed each year using the credit card information provided above.

Return completed form and payment to:

Mail: Health and Welfare Council of Long Island, 150 Broad Hollow Road, Suite 118, Melville, NY 11747

Email: pkruger@hwcli.com

Questions? Please Contact Peggy Kruger at pkruger@hwcli.com or (516) 505-4428