

4/4/08

WICHITA BUSINESS COALITION ON HEALTH CARE

PARTICIPATION APPLICATION (IMPLEMENTATION PHASE)

Organization: _____

Main Contact: _____
Name Title

Mailing Address: _____
Street City State Zip

Phone: _____ Fax: _____

E-Mail: _____

Number of Employees (Full-time Equivalent): _____

PARTICIPATION LEVELS (Implementation Phase)

_____ **Founder:** Founding Partners provide (tax deductible) financial support for the Coalition during the development and implementation phase. Contribution will be considered paid in full for one year from date of formal incorporation of the Coalition.

Make checks payable to **Wichita Educational Foundation**.

See the table below for the suggested annual contribution for your organization based on the number of full-time equivalent employees based in Kansas.

_____ **Sponsor:** No financial contribution at this time, but agree to support the development of the Coalition with the intent to become fully involved at the time of incorporation.

_____ **Keep Me Informed:** No commitment at this time, but potentially interested once organization is incorporated.

Return to:

Visioneering Wichita Business Coalition on Health
c/o Wichita Metro Chamber of Commerce
350 West Douglas Ave.
Wichita KS 67202

Learn more at:

www.healthywichita.com

Suggested Annual Contributions

Number of FTE's	Rate
Over 5,000	\$12,000
2,000 to 5,000	\$10,000
1,500 to 2,000	\$7,500
1,000 to 1,500	\$5,000
750 to 1,000	\$3,000
500 to 750	\$2,500
100 to 500	\$2,000
Under 100	\$1,000