INSTRUCTIONS

Please return this completed form to your Hope Lives Here representative or by mail to the address below. You can also enroll online at **HopeLivesHereMaryland.org**.

By Mail:
Chase Brexton Health Care
Attn: Hope Lives Here
1111 North Charles Street
Baltimore, MD 21201

Phone:
410-837-2050 x1144

Email:
Alexa Milanytch
amilanytch@chasebrexton.org

HOPE LIVES HERE

Supporting Patients of Chase Brexton Health Care in Our Community

BUSINESS ENROLLMENT FORM

Thank you for joining Hope Lives Here. Your participation helps us build a healthier, stronger community for us all.

BUSINESS INFORMATION

Please list your business contact information as you would like it to appear in Hope Lives Here membership recognition materials.

_____
Business Name

_____
Street Address

_____
City/State/Zip

_____ _____
Phone Email

_____
Website

FOR INTERNAL USE ONLY

The following information will be used only by the Hope Lives Here administrative team to complete your enrollment and provide ongoing support to your business.

_____ _____
Contact Person Name Title

_____
Mailing Address (if different from above)

_____ _____
Phone Email

ANNUAL GIFT (PLEASE SELECT ONE)

Does not include contributions made through event sponsorships and other donations.

- **Corporate Members** (50 employees or more)

  ❑ $40,000 ❑ $25,000 ❑ $15,000 ❑ $7,500 ❑ _____

  ❑ Contact me about a customized gift option

- **Small Business Members** (Fewer than 50 employees)

  ❑ $4,000 ❑ $2,500 ❑ $1,500 ❑ $750 ❑ _____

  ❑ Contact me about a customized gift option

Please turn over to complete >

INSTRUCTIONS

Please return this completed form to your Hope Lives Here representative or by mail to the address below. You can also enroll online at **HopeLivesHereMaryland.org**.

By Mail:
Chase Brexton Health Care
Attn: Hope Lives Here
1111 North Charles Street
Baltimore, MD 21201

Phone:
410-837-2050 x1144

Email:
Alexa Milanytch
amilanytch@chasebrexton.org

HOPE LIVES HERE

Supporting Patients of Chase Brexton Health Care in Our Community

BUSINESS ENROLLMENT FORM, CONTINUED

Commitment (please select one)

❑ ___ years ❑ One year

Would You Like to Direct Your Gift to a Specific Chase Brexton Center?
(please select only one)

❑ Baltimore City ❑ Columbia ❑ Easton ❑ Glen Burnie ❑ Randallstown

❑ Please direct my gift where it's needed most

Credit Card Authorization

_____
Credit Card Number

_____
Expiration Date

_____
Cardholder Name

_____
Billing Address 1

_____
Billing Address 2

_____
Billing City/State/Zip

I authorize Chase Brexton Health Care to charge the indicated amount to my account.

_____
Signature

❑ I would like to be charged monthly in the amount of _____ per month.