



Collision Industry Foundation ANNUAL DONOR PROGRAM

1. Primary Contact Information (please print)

Company Name: _____

Displaying As (if different than company name):

Contact: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Company URL address: _____

Logo: Please email a high resolution image of your company's logo as a PNG or JPG file to petra.schroeder@comcast.net

Do you approve of the CIF listing your company name and URL address on the CIF website?

Yes No

Do you have any comment(s) that you would like to share regarding you and/or your company's support of CIF? If yes, see Comments Section at the bottom of this document.

Yes No

Does the CIF have your approval to utilize it for social media or a press release announcing your donor level and support of CIF?

Yes No

In case you wanted to show your support of CIF by listing the CIF website logo on your company's website, here it is: www.collisionindustryfoundation.org

2. Billing Contact (please print) - FILL OUT ONLY IF IT IS DIFFERENT FROM THE PRIMARY CONTACT

Company Name: _____

Contact: _____

Title: _____


Address: _____

City: _____ State: _____ Zip: _____


Phone: _____ Email: _____

How Can You Help?

Become An Annual Donor



Donor Level	FIRST RESPONDER \$10k+	URGENT CARE \$5k+ and <\$10k	IMMEDIATE CARE \$1k+ and < \$5k	PRIMARY CARE \$500 and < \$1k	FIRST AID Min. \$50 and < \$500
Annual Donation \$					
Donor name or Company listed in CIF website	✓	✓	✓	✓	✓
Allow CIF logo/link on their website	✓	✓	✓	✓	✓
Website Individual/Company/html link	✓	✓	✓		✓
Group Social Media Post	✓	✓	✓		
Individual Social Media post	✓	✓	✓		
Website Individual company logo included with link	✓	✓	✓		
Recognition at Gala	✓	✓	✓		
Signage and plaque	✓	✓	✓		
Press release	✓	✓	✓		
Signage at CIF Events	✓	✓	✓		
Provide CIF logo with YEAR	✓	✓	✓		
30 second clip/link why support CIF	✓	✓	✓		
Passes to annual event (value = \$75 per ticket)	5 passes	2 passes	1 pass		



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Donor Levels summary:

- Tier 1 1st RESPONDER 10K+
- Tier 2 URGENT CARE 5K+ to <10K
- Tier 3 IMMEDIATE CARE 1K+ to <5K
- Tier 4 PRIMARY CARE \$500 to <1K
- Tier 5 FIRST AID min. \$50 to <\$500

Total Annual Recurring Donor Amount: _____

PLEASE NOTE THAT THIS RECURRING **ANNUAL DONOR PROGRAM** RENEWS ON JANUARY 1st. AN INVOICE WILL BE SENT IN DECEMBER, 30 DAYS PRIOR TO THE NEW RENEWAL. YOU CAN TERMINATE YOUR PARTICIPATION AT ANY TIME. IF YOU TERMINATE AFTER PAYMENT HAS BEEN RECEIVED, THERE ARE NO REFUNDS.

Should you not want to commit to the Annual Donor Program, please consider the **GENERAL DONATION** option here: <https://www.collisionindustryfoundation.org/donate.html>

By signing below the Donor agrees to have read and agreed upon terms & conditions within this document.

Authorized Signature: _____

Name (Please Print): _____

Title: _____ Date: _____

COMMENTS SECTION TO BE POTENTIALLY USED FOR SOCIAL MEDIA (Facebook and LinkedIn), WEBSITE AND PRESS RELEASES
