

Thank You!

To the millions of people who give the gift of participation each year; and to the rest of us who admire them for doing so.

JOIN OUR CIRCLE OF SUPPORTERS

CISCRP CIRCLE OF SUPPORTERS ANNUAL DONATION GIVING

BUSINESS & INDUSTRY suggested donation annual revenue \$250 Less than \$5 million \$5 - \$10 million \$500 \$1,000 \$10 - \$15 million \$2,500 \$50 - \$200 million \$7,500 -\$200 - \$500 million \$12,500 -\$500 million - \$1 billion \$20,000 -Greater than \$1 billion

NOT-FOR-PROFITS • PROFESSIONAL SOCIETIES • VOLUNTARY HEALTH AGENCIES • HOSPITALS • ACADEMIC INSTITUTE (RESEARCH DOLLARS)

annual revenue	suggested donation	\checkmark
Less than \$1 million	\$100	
\$1 - \$5 million	\$250	
\$5 - \$10 million	\$500	
\$10 - \$15 million	\$1,00	
Greater than \$50 million	0	

INDIVIDUAL DONORS

INDIVIDUAL DONORS		
Category	suggested do	nation 🗸
Private	\$50 _	
Silver	\$100	
Gold	\$250 _	
Diamond	\$500 _	
Platinum	\$1000 _	
Lifetime	\$2,500 -	

CISCRP is a 501 (c)(3) independent national nonprofit. We welcome donations from companies as well as individuals. Your generous donations help support our ongoing efforts to increase and promote education about clinical research participation. These efforts include the Medical Heroes Appreciation initiatives, our Search Clinical Trials service, AWARE for All- Clinical Research Education Day events and our other programs and educational materials.

CIRCLE OF SUPPORTERS BENEFITS

- Your company's name listed on www.CISCRP.org with a link to your company's web page and a listing in our collateral materials (for donations of \$100 or more)
- Invitation to Annual Reception with CISCRP Board of Advisors

You can join the CISCRP Circle of Supporters, with a check or credit card. Simply fill out the bottom portion of this donation sheet. If you prefer to join online you can visit our online donation page at https://donatenow.networkforgood.org/ciscrp.

Thank you for your generous donation!

CISCRP

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FIRST NAME	LASTNAME			
ORGÁNIZÁTION (IF APPLICABLE)	TITLE (IF APPLICABLE)			
STREET ADDRESS				
CITY	STATE	:	ZIP	COUNTRY
PHONE	EMAIL			
HOW DO YOU WANT YOURSELF (OR YOUR COMPANY) LISTED IN CISCRP MATE	RIALS?			
\square my company makes matching donations			DO NOT WAN	T TO BE LISTED IN CISCRP MATERIALS
CREDIT CARD INFORMATION				
CREDIT CARD NUMBER	_ C\$V CODE;	EXP DATE	/	PLEASE MAKE CHECKS PAYABLE TO CISCRP
WE ACCEPT MASTERCARD, VISA, DISCOVER AND AMERICAN	EXPRESS.			