



## 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

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

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

annual revenue	suggested donation	✓
Less than \$1 million	\$100 _____	
\$1 - \$5 million	\$250 _____	
\$5 - \$10 million	\$500 _____	
\$10 - \$15 million	\$1,000 _____	
Greater than \$.50 million	0 _____	

#### INDIVIDUAL DONORS

Category	suggested donation	✓
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](http://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

One Liberty Square • Suite 510 • Boston, MA 02109

phone: 877-MED HERO • fax: 617-725-2753 • [www.ciscrp.org](http://www.ciscrp.org)

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ORGANIZATION (IF APPLICABLE) \_\_\_\_\_ TITLE (IF APPLICABLE) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

HOW DO YOU WANT YOURSELF (OR YOUR COMPANY) LISTED IN CISCRP MATERIALS?

MY COMPANY MAKES MATCHING DONATIONS

DO NOT WANT TO BE LISTED IN CISCRP MATERIALS

### CREDIT CARD INFORMATION

CREDIT CARD NUMBER \_\_\_\_\_ CSV CODE: \_\_\_\_\_ EXP DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ PLEASE MAKE CHECKS PAYABLE TO CISCRP

WE ACCEPT MASTERCARD, VISA, DISCOVER AND AMERICAN EXPRESS.