

# ANNUAL ALLIANCE



Please visit [www.cdcfoundation.org/annual-alliance](http://www.cdcfoundation.org/annual-alliance) to download this enrollment form online.

**YES, WE WISH TO JOIN THE ANNUAL ALLIANCE** to help advance the lifesaving work of the U.S. Centers for Disease Control and Prevention (CDC)

**Giving Level** (Please check one)

- Platinum: \$50,000
- Gold: \$25,000
- Silver: \$10,000
- Bronze: \$5,000
- Foundation: \$2,500
- Other: \$ \_\_\_\_\_

**Contact Information** (Important: please list all information as it should appear on website, in publications)

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Primary Contact \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**Pay by Check** (Check payable to CDC Foundation)

**Pay by Credit Card**

**Credit Card Type**

- Visa
- Mastercard
- American Express
- Discover

Name \_\_\_\_\_

Organization \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Month/Year \_\_\_\_\_

**Billing Address** (if different than above)

Name \_\_\_\_\_

Address \_\_\_\_\_

**CDC Foundation Federal Tax Identification Number: 58-2106707**

**SUBMIT COMPLETED FORM TO:**

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