

# 2017 AGENCY COMMUNITY ADVOCATE FORM



HWCLI community advocates have a strong, collective voice for Long Island's health and human services sector and greater opportunity to have their voices heard. HWCLI provides community advocates with the latest health and human service industry information, opportunities to contribute to joint advocacy efforts, and scheduled forums to share and coordinate efforts.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization Type:  Nonprofit  Corporation  Government  Foundation  Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Number of Paid Staff: \_\_\_\_\_ Budget: \_\_\_\_\_

## MEMBERSHIP

CORPORATE		ANNUAL FEE
<input type="checkbox"/> Sponsor		More than \$2,500
<input type="checkbox"/> Advocate		\$2,500
NONPROFIT	NONPROFIT BUDGET SIZE	ANNUAL FEE
<input type="checkbox"/> Advocate	Above \$4 million	\$1,000
<input type="checkbox"/> Sustainer	\$1 - \$3.9 million	\$500
<input type="checkbox"/> Supporter	Under \$1 million	\$300

*If fees are cost prohibitive, feel free to inquire about additional options.*

## PLEASE ACCEPT THIS ADDITIONAL DONATION:

<input type="checkbox"/> \$25	<input type="checkbox"/> \$100	<input type="checkbox"/> \$300
<input type="checkbox"/> \$50	<input type="checkbox"/> \$200	<input type="checkbox"/> Other: \$ _____

## PAYMENT METHOD

- Check (Payable to Health & Welfare Council of Long Island)
- PayPal (please contact us at [info@hwcli.com](mailto:info@hwcli.com) to pay via PayPal).
- Credit Card (Visa/MasterCard/American Express only) Please complete credit card information below:

Name			
Credit Card #	Security Code	Exp. Date	
Signature	Date		

### Automatic Renewal Option

*For your convenience, we offer automatic renewal for credit card users by checking the box below. This agreement remains in effect until you notify us in writing or via email. No fees are deducted until all information is verified.*

I would like to have my dues automatically renewed each year using the credit card information provided above.

### Return completed form and payment to:

**Mail:** Health and Welfare Council of Long Island, 150 Broad Hollow Road, Suite 118, Melville, NY 11747

**Email:** [pkruiger@hwcli.com](mailto:pkruiger@hwcli.com)

**Questions?** Please Contact Peggy Kruger at [pkruiger@hwcli.com](mailto:pkruiger@hwcli.com) or (516) 505-4428