



Join us on our mission...

Corporate Partner Form

Name _____

Company _____

(How you would like to be listed on print and digital materials.)

Address _____

Email _____

Phone _____

Please Select your Partnership Level

Platinum (\$25,000+)*

**Please note that the Platinum level is an industry-exclusive opportunity. This Partnership level will be filled on a first come, first serve basis.*

Gold (\$10,000)

Copper (\$1,500)

Silver (\$5,000)

Add On: Advertising (\$2,500)

Bronze (\$2,500)

I would also like to provide an additional contribution to support BIANYS in the amount of \$ _____

Payment Information

Credit Card: Please pay online at bianys.org or contact us at 518-459-7911.

Enclosed is a check in the amount of \$ _____

Please send the completed form to:

The Brain Injury Association of New York State
5 Pine West Plaza, Suite 506
Albany, NY 12205
or email to info@bianys.org