



# Community Partner Program Commitment Form

## Community Partner Level

- Honor** – \$20,000
- Hope** – \$10,000
- Trust** – \$5,000
- Kindness** – \$2,500
- Friend** – \$1,000

## Fund Designation

- Community Care/Area of Greatest Need
- Breast Care
- Family Birthing Center
- Family Resource Center
- James Family Heart Center
- Partners for Healthy Students

## Contact

Company Name (as you wish it to appear for Community Partner Program recognition materials)

Contact Name  First  Last

Company Name

Street Address  Business  Home

City  State  Zip

Phone  Home  Office  Cell  Website

Email

**Payment**  By check  Please charge my credit card \$

Credit Card Number  Exp. date  CVV#

Cardholder Name

I understand and agree all donations made are final and non-refundable.  
YRMC Foundation is a 501(c)(3) tax exempt organization. Contributions are tax-deductible subject to IRS regulations. (Federal Tax ID #86-1038463)



**Simple & Secure**

Give online at

[SupportYRMC.org/Community-Partner](https://SupportYRMC.org/Community-Partner)

Signature of Commitment

Date

**To register your business and partner in humankindness,  
submit this form to:**

David Brennan, Chief Philanthropy Officer

david.brennan@commonspirit.org

928-458-2900

**or mail to:** YRMC Foundation

1003 Willow Creek Road, Prescott AZ 86301



**Yavapai Regional  
Medical Center Foundation**

A Dignity Health Member