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## The Business Honor Roll Statement of Intent

I am pleased to accept your invitation to become a member of the Business Honor Roll. I hereby signify my intention to contribute as follows:

Company Name \_\_\_\_\_

Representative's Name \_\_\_\_\_

Title \_\_\_\_\_

CEO's Name \_\_\_\_\_  
(if different from representative)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Over a three-year period, our company pledges \$\_\_\_\_\_ to help improve the health of the community.

*Please recognize our company at the:*

- Platinum Medallion Level (\$25,000 or more)
- Gold Medallion Level (\$15,000 - \$24,999)
- Silver Medallion Level (\$10,000 - \$14,999)
- Bronze Medallion Level (\$3,000 - \$9,999)

My check is enclosed for \$\_\_\_\_\_.

*Please send a reminder for payment:*

- Annually
- Semiannually

*Please make checks payable to the Commonwealth Health Foundation  
and return with the completed Statement of Intent to:*

**Commonwealth Health Foundation**  
800 Park Street  
P.O. Box 1868  
Bowling Green, KY 42102-1868



[www.chfbg.org](http://www.chfbg.org)