

PARTNERSHIP

application



● SELECT FROM THE FOLLOWING

● PAYMENT

PARTNERSHIP LEVEL

PARTNERSHIP AMOUNT: \$_____

- SUSTAINING PARTNER \$3850
- ENHANCED PARTNER \$2000
- SUPPORTING PARTNER \$1450
- INDUSTRY PARTNER \$ 475

- Check
- Credit Card

Company Name

Address

City/State/Zip

Primary Contact Name

Title

Primary E-Mail

Primary Contact Phone

Company Website

Company Phone

Industry Type: (Architect, Pharmacy, Home Health, etc.)

PAYMENT INFO

Card Number

Expiration Date

Billing Zip Code

Name on Card

Cardholder Signature

Please complete the form and email to oala@OhioAssistedLiving.org or fax to (614)481-1954.

Please email a high resolution logo in a PC compatible format (pdf, tiff, or jpg) to oala@ohioassistedliving.org.
