



**St. Louis Maternal, Child and Family Health Coalition**

**Membership Letter of Commitment**

On behalf of myself and/or my organization, I, endorse the efforts of the St. Louis Maternal, Child and Family Health Coalition (MCFHC). In making this commitment, I/my organization joins other community partners in supporting the mission of the MCFHC, to unite and mobilize key stakeholders to improve maternal, child and family health in the St. Louis region.

Area of Expertise/Resources/Talents \_\_\_\_\_

<b>INDIVIDUAL MEMBER</b>	<b>1-YEAR</b> <input type="checkbox"/> \$25	<b>2-YEARS</b> <input type="checkbox"/> \$47	<b>3-YEARS</b> <input type="checkbox"/> \$65
<b>ORGANIZATION MEMBER</b>			
<b>BUDGET UNDER \$250,000</b>	<input type="checkbox"/> \$50	<input type="checkbox"/> \$95	<input type="checkbox"/> \$135
<b>BUDGET OVER \$250,000</b>	<input type="checkbox"/> \$150	<input type="checkbox"/> \$285	<input type="checkbox"/> \$405
<b>SPONSORSHIP MEMBERSHIP</b>	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,900	<input type="checkbox"/> \$2,700
<b>SUSTAINING PARTNER</b>	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$9,500	<input type="checkbox"/> \$13,500

Individual Name \_\_\_\_\_

- OR -

Organization Name \_\_\_\_\_

Primary Organization Representative Name / Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax No. \_\_\_\_\_

Email \_\_\_\_\_ Organization Website \_\_\_\_\_

Secondary Organization Representative Name /Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax No. \_\_\_\_\_

Email \_\_\_\_\_

Enclosed is an additional, tax deductible donation of \$ \_\_\_\_\_ to support the MCFH Coalition.

Yes, include me/my organization in the Membership Directory. Please provide 1-2 sentence description of your organization for the directory \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please return this Letter of Commitment along with your dues to:  
**Maternal, Child & Family Health Coalition, 539 N. Grand. Blvd., Suite 403 St. Louis MO 63103**