

2020 Partner Information

Thank you for becoming a partner! As a partner, you are supporting the mission of the Louisiana Vaccine Alliance to reduce vaccine preventable disease across the lifespan through education, advocacy and strategic partnerships.



Louisiana Vaccine Alliance

Organization/ Partner Name*: _____

Type of Partner*: Corporation/Business Community/Non-Profit Individual Governmental Agency

Primary Contact Name*: _____

Primary Email Address*: _____

Primary Mailing Address*: _____

City*: _____ State*: _____ ZIP*: _____

Primary Phone Number: _____

Secondary Contact Name: _____ Secondary Phone Number: _____

Secondary Email Address: _____

Would you like to join our email list?

Yes

No

Would you like to receive relevant legislative updates and alerts?

Yes

No

Would you like to be considered to give legislative testimony?

Yes

No

As a partner I am committed to the cause. I agree to actively support the mission and goals of the Louisiana Vaccine Alliance and its efforts. I understand that I/ my organization will be considered a Partner of the Louisiana Vaccine Alliance but that partnership does not indicate endorsement of any organization, vendor, service or product and agree that I/ my organization will not make such claims.

Signature: _____ Date: _____

Louisiana Vaccine Alliance thanks you for your contribution!

Suggested Donation Amounts:

Corporate or Business Partner: \$5,000-\$50,000

Community or Non-Profit Partner: \$1,000-\$10,000

Individual Partner: \$10 and above

Donation Amount: _____

Method of Payment: Check, Check # _____

Credit Card

Invoice

Make check payable to LA AAP and mail to:

P.O. Box 64629 | Baton Rouge, LA 70896

Name on Card: _____

Expiration Date: ____/____ CVV: _____

Card Number: _____

Billing Address: _____

More info: www.lavaccinealliance.com

Phone: (225) 379-7923

E-mail: lavaccinealliance@laaap.org

** Indicates a required data field. The LA AAP will not share your information. It is collected for the sole purpose of communication with Partners. The Louisiana Vaccine Alliance is a project of the Louisiana Chapter of the American Academy of Pediatrics (LA AAP). The LA AAP is a 501 (c) 6 organization. As such, your donation may qualify as an ordinary and necessary business expense, which are generally tax deductible. Please contact your tax advisor for further explanation how the rules apply to your particular business. Tax ID- 72-1002968.*