



CPR Ready



THE HEALTH CARE IMPROVEMENT FOUNDATION

Organization Commitment Form

Yes! On behalf of (organization name) _____,

I commit my organization to join the Philadelphia Regional CPR Awareness Coalition and/or be an active supporter of the **CPR Ready** campaign.

We hereby pledge to:

Provide funding support for the Philadelphia Regional CPR Awareness Coalition (select one):

- Annual pledge of \$30,000 per year for 3 years; recognition as a *Coalition Champion* in all Campaign materials, website, and events; representation on Coalition Steering Committee.
- Annual pledge of \$10,000 per year for 3 years, and recognition as a *Coalition Partner* in all Campaign materials, website, and events.
- Annual pledge of _____ per year for 3 years or a one-time pledge of _____, and recognition as a *Coalition Supporter* in the campaign report and website.

Provide the following in-kind support (check all that apply):

- Share news and announcements of the campaign with our members, employees, and/or constituents via email, newsletters, press releases, or website.
- Sponsor and/or conduct CPR/AED trainings for our staff/employees and commit to collecting data to measure coalition effectiveness (e.g. number of trainings held, number of individuals trained, number of AEDs deployed).
- Sponsor and/or conduct CPR/AED trainings for the members of the public/local community and commit to collecting data to measure coalition effectiveness.
- Serve as an advocate for the coalition and share a personal story of saving a life or surviving sudden cardiac arrest through the use of bystander CPR.
- I/We would like to discuss other in-kind support.

Our **primary** point of contact for this coalition will be:

Name: _____ Title/Position: _____

Phone Number: _____ Email: _____

Senior Executive Signature

Title

Date

Email this completed form to:
Claudette Fonshell at cfonshell@hcfonline.org.
Questions? Contact Claudette at 215-575-3747