



COXHEALTH FOUNDATION

The mission of the CoxHealth Foundation is to provide support for community health, prevention and wellness through philanthropy.

CoxHealth Community Partners Program is a unique partnership between the employees of CoxHealth and area businesses.

Select the option that works best for your business:

In-House Promotion: Quarterly \$400.00 12 month contract \$1,400.00 (save \$200)

- Posting as a Community Partner with your discounted offer on Cox Connect
- Posting as a Community Partner with your discounted offer on Connect Daily
- Posting as a Community Partner with your offer on www.coxhealthfoundation.com
- Posting as a Community Partner with your offer on www.facebook.com/coxhealthfoundation
- In-house mailing, paper copy of your discounted offer to departments who have employees without daily access to a computer station
- **12 month contract includes** quarterly updates on all of the above (Cox Connect, Connect Daily, Foundation website, Facebook and in-house mailings)

CoxHealth Foundation exclusive Smart Phone App Promotion (targeted to begin February 2013):

Quarterly: \$400.00 12 Month contract: \$1,400.00 (save \$200)

- Posting on CoxHealth Foundations' smart phone app. Details included will be the name of your business, the details of your exclusive discounted offer for our employees, your phone, address and your website address. Your business logo will be used as the icon for your listing
- Featured Partners: For one month, your offer will be placed in our "Featured Partners" category, which will be the first category in the listing: \$150.00
- App Sponsor: For one month your logo will appear exclusively on the app's main screen and your offer will be in the Featured Partners category: \$200.00

In-House Promotion AND Smart Phone App 12 month contract \$2,400.00 (save \$400)

- Enjoy the benefits of all of the above at a discounted rate

Our Community Partners are obligated to:

- Provide digital copies of your company logo and all graphics required for app sponsorship
- Provide the Foundation with each quarterly promotional piece in pdf format
- Provide the Foundation with paper/hard copies for quarterly distribution
- Make complete payment prior to promotion
- Honor CoxHealth employee discount throughout the term of your contract

Signature _____ Phone _____

Business Name _____

Address _____

Email _____

Beginning Date _____ End Date _____ Amount Paid _____