

## NERC sponsorship package

Partners	\$50,000 per year for 3 years (group of five)
Companions	\$21,000 to \$49,000 per year for 3 years
Supporters	\$6,000 to \$20,000 per year for 2 years
Friends	\$1,000 to \$5,000 per year
Allies	Vendor product discounts from 10% to 20% to NERC clinic sites
Contributors	\$100 to \$999.00 per year

### Partners

We are seeking five partners to be intimately involved in the strategic planning of expanding community based residencies for naturopathic medicine.

This select group will no doubt be seen by the naturopathic profession in a very unique way. The commitment to education, the success of practicing clinicians, and the expansion of natural medicine into city/county/state/federal health care services via NERC will be seen as visionary and bold. Those supporters in this category will have influential roles in all NERC programs and activities, all clinicians, all consortium members, and all collaborative institutions and agencies.

### Companions

Companions would most likely be clinicians who wish to join the consortium and have a community based resident in their practice; or, other supporters who wish to participate at a high level. Companions will receive special acknowledgement and access to all NERC program activities, clinicians, consortium members, institutions and agencies.

### Supporters

Successful clinicians, vendors, and the advocate of natural medicine may all wish to support NERC at a significant level. They recognize the fundamental importance of expanding naturopathic education to include residency training and have a high degree of commitment and loyalty to the medicine and/or profession.

Supporters will receive special acknowledgement and have selected access to NERC program activities, clinicians, consortium members, institutions and agencies.

### Allies

Allies are vendors who offer discounts to NERC clinic sites. Allies will receive special acknowledgement and have selected access to NERC program activities, and especially have access to clinicians for vendor trainings.

### Friends

Friends include practicing physicians and vendors that support the evolution of NERC. Friends will receive acknowledgement and selected access to NERC program activities.

### Contributors

Contributors include practicing physicians, and individuals that support the evolution of NERC. Contributors will receive acknowledgement in selected NERC materials.

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### *Pledge Form*

Name \_\_\_\_\_ or, Company/contact \_\_\_\_\_

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

Total Amount of contribution \_\_\_\_\_

Per month \_\_\_\_\_ Per quarter \_\_\_\_\_ Per year \_\_\_\_\_ One time \_\_\_\_\_

Start date \_\_\_\_\_ credit card # \_\_\_\_\_ exp \_\_\_\_\_ type \_\_\_\_\_