



BECOME A CENTER FOR HEALTH PROGRESS **CHAMPION**

YOUR INVESTMENT MATTERS.

In the 20+ years since our founding, a lot has changed, but what hasn't is our commitment to Coloradans and the unwavering support of donors like you. You have helped us make systemic change that benefits communities across the state. You have helped us fight against pervasive and persistent health disparities. You have stood alongside us as at the Capitol, changing hearts and minds to expand coverage and protect the vulnerable. Your investment in our work has led to extraordinary progress.

WE THINK YOU'RE A CHAMPION.

You've already demonstrated your commitment to ensuring our health care system works for all Coloradans, and we're proud to work alongside you. From lobbying at the Capitol to building power in communities, our work is driven by collaboration. As we move forward, fighting racism and oppression, engaging in new ways with the community, and holding the health care system accountable to meeting Coloradans' needs, we need champions like you to support our efforts. Together we can ensure our neighbors are healthy, our communities prosper, and Colorado is stronger.

Our Champions are **donors who make annual contributions of \$1,000 or more.** Donations will be earmarked for general operating support to help us increase our impact and achieve our mission. Members will receive recognition on our website and receive a variety of additional VIP benefits. We hope you'll join us as we work to ensure our health care system works for everyone and that the dream of health equity becomes a reality.

Interested in learning more? Email sarah.mcafee@centerforhealthprogress.org for more information.



CHAMPIONS GIVING PROGRAM

BENEFITS

MEMBERSHIP & EVENTS

Center for Health Progress Individual Membership (\$100 value)

Two registrations to the HEALTHtalks Luncheon (\$150+ value)

MARKETING

Name in Annual Report

Name featured on website

OTHER BENEFITS

Membership in our Health Policy Committee

DONOR INFORMATION

First Name

Last Name

Display Name for Recognition

Address

City

State

ZIP Code

Email Address

Phone Number

DONATION AMOUNT

\$ _____

Make this a 3-year commitment,
to be billed annually

PAYMENT INFORMATION

Please make checks out to Center for
Health Progress and mail them to PO Box
18877, Denver, CO 80218.