



# Vietnam Viral Hepatitis Alliance

Dedicated to viral hepatitis initiatives in Vietnam  
[www.vvha.org](http://www.vvha.org)

## Corporate Alliance Partnership Agreement

### Welcome to the Vietnam Viral Hepatitis Alliance!

Please select your level and number of years of support and complete the form below:

- Platinum Corporate Alliance Partner [ ] 1-Year \$35,000 USD [ ] 2-Year \$60,000
- Diamond Corporate Alliance Partner [ ] 1-Year \$25,000 USD [ ] 2-Year \$45,000
- Gold Corporate Alliance Partner [ ] 1-Year \$15,000 USD [ ] 2-Year \$26,000
- Silver Corporate Alliance Partner [ ] 1-Year \$10,000 USD [ ] 2-Year \$17,000
- Bronze Corporate Alliance Partner [ ] 1-Year \$5,000 USD [ ] 2-Year \$7,500
- Corporate Alliance Contributor [ ] 1-Year \$3,500 USD [ ] 2-Year \$6,000

Please make check payment payable to: **“Vietnam Viral Hepatitis Alliance” or “VVHA”** and mail it to:  
**6060 North Central Expressway, Suite 500, Dallas, TX 75206 (USA)**

Membership contribution is tax deductible to the fullest extent allowable by the U.S. Internal Revenue Services. Our Tax ID# is: 47-2276434. A receipt will be provided for your accounting purposes.  
Thank you for your support!

### Partner’s Contact Information

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country (if outside of the United States): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

As a Corporate Alliance Partner of VVHA, for the term of your membership you agree to allow VVHA to recognize your support publically and in print and digital media and to display your company name and logo. Likewise, VVHA agrees to allow your company as a Corporate Alliance Partner to display the VVHA name and logo in both commercial and non-commercial media and to acknowledge your support of VVHA as a Corporate Alliance partner. VVHA name and logo may not be used in any way to suggest or imply endorsement of any product or service. \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**ACCEPTED BY VVHA:** \_\_\_\_\_

**DATE:** \_\_\_\_\_