



# COMMITTEE TO SAVE INDEPENDENT HME SUPPLIERS (CSIHME)

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ADVOCACY AND PUBLIC AWARENESS IN SUPPORT OF  
 INDEPENDENT HME PROVIDERS

## CONTRIBUTION AGREEMENT

**NOTICE:** 40% of your contribution to CSIHME is tax deductible as a business expense. 60% of contributions will be used for lobbying, which is not tax exempt. CSIHME, LLC - EIN: 26-4752706

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

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

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I commit to the contribution indicated below. Enclose a check payable to **CSIHME, LLC**.

- |                         |   |                       |
|-------------------------|---|-----------------------|
| ___ \$10,000.00 or more | Leadership and LAB Board Level (#1 below) |                       |
| ___ \$5,000.00 or more  | Supporter Level (#2 below)                | Total Amount \$ _____ |
| ___ \$1,000.00 or more  | Supporter Level (#2 below)                | Total Amount \$ _____ |
| ___ \$2,000.00 or more  | Association Level (#4 below)              | Total Amount \$ _____ |
| ___ \$ _____            | Sponsor Level (#3 below)                  |                       |

\* Terms may be approved upon request with 40% now and the balance in 2 equal payments in 30-days and 60-days. Invoices will be sent.

I prefer Credit Card: \*

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

ID Code: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Credit card statement will show charge to NAIMES. Funds will auto transfer to CSIHME account within 24-hours.

- Contributors at the Leadership/LAB level (\$10,000 or more) serve a leadership role and have one vote per \$1000 contributed up to ten votes on issues brought before the LAB by the Executive Committee. LAB membership is limited to 20.
- Contributors at the Supporter level (\$1,000 to \$9,000) have one vote per \$1000 contributed up to nine votes. Contributors at this level may be afforded an opportunity to move up to the LAB level if vacancies occur or additional positions needed.
- Contributors at the Sponsor (less than \$1000) level have one vote via a secure survey tool. The LAB will take into consideration the position of the Sponsors when making final CSIHME decisions.
- Association level contributors have one vote per \$1000 contributed up to ten. Association votes will be weighted to insure that views of their organizations will be have a direct result on the outcome of final CSIHME decisions.

### CSIHME Acknowledgement & Receipt:

CSIHME gratefully acknowledges your contribution and commitment to help save independent HME providers and assures you that your contribution will be effectively used to insure a sound future for the more than 60,000 HME small business suppliers serving our country.

Amount Received: \_\_\_\_\_

By: \_\_\_\_\_  
 CSIHME Management Team Member