



VISITING NURSE ASSOCIATION
OF SOUTH CENTRAL CONNECTICUT, INC.

One Long Wharf Dr.
New Haven, CT 06511
203.777.5521
203.787.5198 Fax
www.vnascc.org

Corporate Partnership Program

Collaborating with the Visiting Nurse Association of South Central CT is an effective way to achieve positive public relations.

The VNA of SCC is one of the most well-known and respected non-profit health care entities in the Greater New Haven, Milford and Valley regions. At 104 years old, we have crafted a reputation as a trustworthy and respected fixture of our communities' infrastructure. Our nurses, therapists and home health aides make over 156,000 visits to patients homes annually. In doing so, we come in contact with thousands of patients, their families and health care professionals. **We are a highly visible work force that offers its partners the opportunity to share this visibility and be associated with our good works in the community.**

Just consider the public relations benefits of partnering with us on one or more key projects that will benefit patients and our communities. Enclosed is a list of the projects and particular needs that are critical to our achieving our goals. Perhaps one would mesh well with your company's outreach goals!

In return for your support, you will receive recognition that can be customized to help you achieve maximum exposure. Based upon your level of support, you and I can jointly structure an advantageous public relations initiative. In all circumstances the following minimum benefits will be offered:

- Listing as a Corporate Partner in our Annual Report
- Listing as a Corporate Partner on our web site
- News release issued to media
- Inclusion in our quarterly public newsletter "Visit" (primary audience is community contacts and donors)
- Inclusion in our monthly health care newsletter "The (*health care*) Source" (primary audience is health care providers)
- Inclusion in our weekly employee newsletter "Connections," issued to 250+ employees
- Additional exposure will be based on each project

Please review the following partnership opportunities. Once you have made your decision, simply print all the forms and return to Andrew Eaves at the VNA of SCC (1 Long Wharf Drive New Haven, CT 06511).

Thank you.

Please Print and check all that apply.

4 baby scales. Cost is \$200/each or \$800 total.

- We will support the entire project We would like to support a portion of this project \$_____

100 adult scales (each nurse needs one) Cost is \$15/each or \$1,500 total.

- We will support the entire project We will support a portion of this project \$_____

10 digital cameras (for wound care, to monitor healing progress) Cost is \$350/each or \$3,500 total.

- We will support the entire project We will support a portion of this project \$_____

20 pulse-oximeters (to measure oxygen levels in heart failure patients). Cost is \$250/each or \$5,000 total.

- We will support the entire project We will support a portion of this project \$_____

1,700 pill boxes for patients who need help with medication compliance. Our cost is \$5,700.

- We will support the entire project (Your logo will be put on the boxes) We will support a portion of this project \$_____

Uniforms for our staff (polo shirts, t-shirts, windbreakers and fleece pullovers) Cost is estimated at \$10,000.

- We will support the entire project (Your logo will be put on the apparel) We will support a portion of this project \$_____

A security badge identification system. Approximate cost is \$10,000.

- We will support the entire project We will support a portion of this project \$_____

10 laptop computers. Cost is \$2,000/each or \$20,000 total.

- We will support the entire project We will support a portion of this project \$_____

A van, so that we can transport home health aides to areas where bus routes are not available.

- We will support the entire project (Vehicle branding with your logo) We will support a portion of this project \$_____

Two cars for staff to use when they are without theirs due to repairs or maintenance.

- We will support the entire project (Vehicle branding with your logo) We will support a portion of this project \$_____

A new telephone system. Cost is approximately \$100,000. (\$10,000 has already been sponsored by the New Alliance Foundation.) Support that supplements the balance would be recognized as the Lead Telephone System sponsor of the VNA of SCC for 5 years.

- We will support the balance of the project We will support a portion of this project \$_____

Our Information Technology system requires an infrastructure upgrade that will cost approximately \$200,000. Support of the entire project would be recognized with a major public relations reception in your honor, plus naming rights as the Lead Information Technology Benefactor of the VNA of SCC for 5 years.

- We will support the entire project We will support a portion of this project \$_____

Our Programs & Outreach Initiatives

If you did not see a project that suits your outreach interests, please consider supporting a particular program or initiative at one of the following **Corporate Partner Levels**. You will receive all the benefits listed above.

Please check one.

\$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000*

**At this level, the program will be named for your organization for 2 years, FY09 & 10*

Please check the program that you would like your contribution to support.

- Cardiac Program
- Carelink Elder Outreach Program
- Community Programs (no cost health & wellness outreach)
- Health Literacy Outreach
- Maternal/Child Health Program
- Nursing Program
- Oncology Program
- Psychiatric Nursing Program
- Staff Education Program (advanced clinical training for nurses)
- Subsidized Care Program (free care for those with no insurance)
- Tele-health Program
- Therapy Program
- Wound Care Program

**Please print and return this entire form to Andrew Eaves at the VNA of SCC, 1 Long Wharf Drive
New Haven, CT 06511.**

- My organization would like to partner with the VNA of SCC on the projects that I've checked off.
- I would like to discuss a partnering opportunity with you. Please call me.

Name _____ Title _____

Company _____

Address _____

City/State/Zip _____

Telephone _____ Fax _____

Email _____

- Check enclosed
- Credit card information:

Name as it appears on card _____

Card Type _____ Card # _____ Exp. Date _____

Amount to be charged \$ _____

Signature _____