



**Measure Up  
Pressure Down**

American Medical Group Foundation

## Supporting Organization/Partner Commitment Form

Please indicate your interest in participating in Measure Up/Pressure Down by completing and returning this form.

- Yes! My organization hereby joins the Measure Up/Pressure Down National High Blood Pressure Campaign as a supporting organization.
- We endorse the campaign objective of reducing the toll of heart disease, stroke, diabetes, kidney disease and other chronic conditions through improvements in high blood pressure prevention, detection, treatment and control.
  - We support the campaign goal of mobilizing health care providers, consumers, employers and communities to achieve 80 percent of patients at goal (according to national guidelines) by 2016.
  - We agree to be listed as a supporting organization in print, online and other campaign materials.
- We would like to partner with the campaign in the following ways (check all that apply):
- Share news of the campaign with our members and/or constituents via email, newsletters, press release, and newsletter articles.
  - Provide a link from our website to the Measure Up/Pressure Down website.
  - Provide patient education content for the Measure Up/Pressure Down website.
  - Host community-based blood pressure screening or educational events. Partner events will be listed on the Measure Up/Pressure Down website.
  - Distribute campaign materials (e.g., brochures, fact sheets) via our website, at conferences and other events.
  - I/we would like to discuss other partnership opportunities.

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

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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

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

Please complete and return this form by email at [mupdcampaign@amga.org](mailto:mupdcampaign@amga.org) or via fax at 703-548-1890.