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MEDICATION ADHERENCE CAMPAIGN

COMMITMENT FORM

\_\_\_ My organization hereby joins *Script Your Future,* the National Medication Adherence Campaign, as a partner.

We pledge to:

* Endorse the campaign objective of increasing medication adherence by raising consumer awareness about the importance of adherence as a health issue;
* Honor and follow the campaign guiding principles; and
* Participate in campaign activities, such as by attending meetings, contributing financially, and/or contributing in-kind.

\_\_\_ I further agree that my organization’s name can be included in print, online and in any other campaign materials that list partner organizations. Please list us as:

**Working Groups**: I would like to participate, or will continue to participate, in the following working group(s):

\_\_\_ Patient Outreach

\_\_\_ Health Care Practitioner Outreach

\_\_\_ Evaluation

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

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Please complete and return this Commitment Form to [XXX]. Please email or call [XXX] with any questions, comments, or suggestions.

Thank you!