



Partner Organization Endorsement

On behalf of _____, we support the strategies and
Organization/Group/Agency

recommendations stated in *A Vision for Michigan: A Strategic Plan for Heart Disease and Stroke – 2009-2014*. We pledge to work collaboratively and cooperatively with colleagues around the state to accomplish these objectives within the next five years. We understand that the plan will be updated and revised annually through an inclusive process that provides numerous opportunities to make suggestions and adjustments.

Note: After September 1, 2009, the Strategic Plan may be downloaded at www.michigan.gov/cvh.

Signature _____ Date _____

Representing _____
Name of Organization/Group/Agency

Please help us to identify and reach other potential partners and supporters. If you are aware of an organization or individual who would be interested in endorsing this plan, please add a contact name and email address here, and we will contact them. Thank you!

Potential endorsers:

Organization/contact name: _____
Email address: _____

Organization/contact name: _____
Email address: _____

Please sign and return to:

Jill Scott-Gregus
Michigan Department of Community Health
Cardiovascular Health, Nutrition & Physical Activity Section
PO Box 30195
Lansing, MI 48909
Fax: 517-335-9056
Email: scottj1@michigan.gov

A list of partner organizations who have signed this endorsement form will be posted on the website www.michigan.gov/cvh under *Advisory Committees, Michigan Cardiovascular Alliance*