



BUSINESS SPONSORSHIP FORM

THANK YOU for your support of an IMR Medical Mission Project. Please fill out this form and return to the person you are sponsoring.

CONTACT INFORMATION:

Organization _____
Your Name & Title _____
Mailing Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

SPONSORSHIP INFORMATION:

Name of person or trip you are sponsoring: _____

SPONSORSHIP COMMITMENT:

Please check the appropriate box for your commitment:

- TRIP SPONSOR \$ 1,000
- CHAMPION SPONSOR \$ 750
- MISSION SPONSOR \$ 500
- OUTREACH SPONSOR \$ 250
- INDIVIDUAL SPONSOR \$ 100
- OTHER AMOUNT Single payment of \$ _____
- OTHER AMOUNT: Monthly payments of \$ _____ totaling \$ _____
- Credit Card \$ _____ Cash \$ _____

For Credit Card Payments, please complete the following as a payment coupon.

Please check method of payment: _____ MasterCard _____ Visa

Cardholder authorizes the payment of this invoice by the issue identified below, and agrees to comply with the obligations set forth in the Cardholder agreement with the issuer:

Card Number: _____
Exp. Date _____ CVV code on back: _____
Amount to be charged: US\$ _____
Cardholder's Name: _____
Cardholder's Signature: _____

Please return this form to the person you are sponsoring.

IMR is a registered 501(c)(3). All contributions are tax deductible to the extent of the law. Many organizations match pledges by employees for charitable purposes. Please attach your employer's matching gift form to this sponsorship form. Thank you. You will receive a receipt documenting this charitable contribution. All pledges are nonrefundable. Thank you for your help.