

INTERNATIONAL MEDICAL RELIEF TRIP SPONSORSHIP FORM

THANK YOU for your sponsorship of International Medical Relief's upcoming trip. Please read through and completely fill out this form.

CONTACT INFORMATION:

Name (First, MI, Last): _____

Mailing Address: _____

Mailing City, State, Zip: _____

Telephone Number: _____ Email Address: _____

SPONSORSHIP INFORMATION:

Name of person who informed you about trip: _____

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 or OTHER AMOUNT: Single payment of \$ _____
Monthly payments of \$ _____ totaling \$ _____

CHECK DONATION: Please make checks payable to International Medical Relief

CREDIT CARD DONATION: Please check: Visa Mastercard Exp Date: _____

Account Number: _____ Signature: _____

Many organizations match pledges by employees for charitable purposes. Please attach your employers matching gift form to this sponsorship when you mail it in. Thank you.

You will receive a receipt documenting this charitable contribution. Thank you for your help. All pledges are nonrefundable. Please mail your donation to:

International Medical Relief
1400 16th Street, Suite 400
Denver, CO 80202

INTERNATIONAL MEDICAL RELIEF CORPORATE SPONSORSHIP FORM

THANK YOU for your sponsorship of International Medical Relief's upcoming trip. Please read through and completely fill out this form. Your donation is tax deductible to the fullest extent allowed by law. All pledges are nonrefundable.

COMPANY INFORMATION:

Organization: _____

Your Name & Title (First, MI, Last, Title): _____

Mailing Address: _____

Mailing City, State, Zip: _____

Telephone Number: _____ Email Address: _____

Marketing Department Employee and Phone Number: _____

SPONSORSHIP INFORMATION:

Name of person you are sponsoring: _____

OR

Name of trip you are sponsoring: _____

SPONSORSHIP COMMITMENT:

Please check the appropriate box for your commitment:

TEAM MEMBER SPONSOR (\$ 1,000 – 3,000) – Amount _____

ASSOCIATE LEVEL SPONSOR (\$ 3,100 – 5,000) – Amount _____

EXECUTIVE LEVEL SPONSOR (\$ 5,100 – 10,000) – Amount _____

or OTHER AMOUNT: Single payment of \$ _____
Monthly payments of \$ _____ totaling \$ _____

CHECK DONATION: Please make checks payable to International Medical Relief

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Account Number: _____ Signature: _____

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