



SPONSORSHIP FORM

Name of Sponsor: _____

Date: _____

SPONSORSHIP LEVEL:	AMOUNT	TERM/DATES:
Platinum Sponsor	\$5,000	
Gold Sponsor	\$2,500	
Silver Sponsor	\$1,500	
Other (LIC member only event, breakfast, dinner, etc.):		

If paying by credit card, please enter the following information:

Authorizing Person's Name:			
Company:			
Address:			
Email:			
Phone:			
Credit Card:	Visa	Mastercard	
Card Number:		Exp#	CVC#
Name on Card:			
Signature:			

Please email the sponsorship form to: Sponsorships@ifmalic.org.