

COMMITMENT FORM

I would like to become a chapter sponsor or renew an existing sponsorship for the 2014 year!
(Effective Jan.1, 2014, Dec. 31, 2014).

Company Name _____

Your Name _____

Company Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Website _____

Nature of Business _____

IFMA Referring Member _____

☐ I am authorized to commit to this sponsorship

Signature

SPONSORSHIP LEVEL

Please check sponsorship level

☐ Platinum - \$1500

☐ Gold - \$1000

☐ Silver - \$500

☐ Special Event - \$TBD

(please have an IFMA-WM board member contact me for more info.)

PAYMENT METHOD

Please check how you would like to pay for your annual sponsorship

☐ Send an invoice to the address at left

☐ Check for full amount enclosed

☐ Credit Card payment for full amount

Please scan and email to: kuiperd@charter.net

or

Mail to:

IFMA-WM

117 Garnet Dr

Holland MI 49423

SPONSORSHIP CHECKLIST

Please submit the following when you register:

☐ Your company logo for use on the IFMA-WM website and Newsletters

☐ Sponsorship contact name, title, address, phone number, and e-mail address

☐ Names of IFMA/IFMA-WM members from your organization