



COMMITMENT FORM

I would like to become a chapter sponsor or renew an existing sponsorship for the 2016 year!

(Effective July 1, 2016- June 30, 2017)

Company Name _____ Payment Method _____

Your Name _____ Please check how you would like to pay for your sponsorship

Company Address _____ ☐ Send Invoice to address at left

City _____ State _____ Zip _____ ☐ Check for full amount enclosed

Phone _____ Fax _____

Email _____

Signature (Authorized Signature) _____

Sponsorship Level (Please check level requested)

☐ Platinum - \$1500

☐ Gold - \$1000

☐ Silver - \$500

Mail To:

IFMA West Michigan
% Dave Kuiper
117 Garnet
Holland MI 49423
EIN -38-2781319

SPONSORSHIP CHECKLIST – To be submitted when you register

- ☐ Company Logo for use on IFMA WM website
- ☐ Sponsorship contact name filled out
- ☐ Names of IFMA members from your organization