2019 SPONSORSHIP COMMITMENT FORM

OUR Great Adventure

CELEBRATING 40 YEARS

APRIL 27, 2019

Please complete and sign this form to confirm your sponsorship commitment by **March 15, 2019** and send it to:

Medical Teams International
Attn: Great Adventure
14150 SW Milton Court
Tigard, OR 97224
events@medicalteams.org

Sponsor Name _____

(Please write name as you would like it to appear in the auction catalog; check here ☐ if you would like to remain anonymous)

Address _____

City _____ **State** _____ **Zip** _____

Contact Name _____

Phone _____ **Email** _____

Signature _____ **Date** _____

Yes, I/we will support Medical Teams International's *Our Great Adventure – Celebrating 40 Years* by sponsoring the event as a:

- ☐ **$35,000** **Champion Sponsor**
- ☐ **$25,000** **Healer Sponsor**
- ☐ **$15,000** **Protector Sponsor**
- ☐ **$10,000** **Compassion Sponsor**
- ☐ **$5,000** **Hope Sponsor**

☐ **Yes**, I/we want to support Medical Teams International and in place of a sponsorship, I/we prefer to make a contribution of $_____.

Yes, I/we would like to additionally sponsor Medical Teams International's *Healthy Women, Healthy World Luncheon* in October 2019 at the following level:

☐ $10,000 Compassion ☐ $5,000 Hope ☐ $2,500 Wellness

If you choose to combine your sponsorship with our Healthy Women, Healthy World luncheon in October 2019 at the $10,000 or $5,000 levels, we will increase your Great Adventure recognition benefits by the corresponding amount.

Payment Options:

☐ Please invoice me for sponsorship fees.

☐ Enclosed is a check for $_____. *Please make checks payable to Medical Teams International.*

☐ Please charge my ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover card for $_____.

Credit Card Number: _____ Expiration: _____

Name of Cardholder: _____ Signature: _____

If paying by card, please ensure that your billing address is included in the fields at the top of the page.

Internal Use Only

CRM ID: _____ *Project:* _____ *Proposal:* _____