



Sponsorship Form

Sponsor Information

Company/Organization Name: _____

Contact Person: _____ Title/Position: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

Sponsorship Selection

Please select your preferred sponsorship level:

- Gold Sponsor – \$1,000
- Blue Sponsor – \$500
- Custom Contribution – \$_____

Recognition Preferences

- Yes, we approve use of our name/logo in MESA promotions
- No, we prefer to remain anonymous

Name as it should appear: _____

Payment / Donation Details

Payment Method:

- Check
- Cash
- Online Payment
- Other: _____

Authorization

Authorized Signature: _____ Date: _____

Thank you for partnering with MESA. Your contribution helps provide essential medical equipment and supplies to communities in need around the world.