MSP Huddle®

Educate • Collaborate • Elevate

SPONSORSHIP & DONATION FORM

Thank you for supporting education, collaboration, and professional growth for Medical Services Professionals.

1. SUPPORT TYPE

☐ Sponsorship ☐ General Donation ☐ In-Kind Contribution ☐ Program/Study Group Support

Purpose, event, or campaign (if applicable): _____

2. SPONSOR / DONOR INFORMATION

Organization / Individual Name: _____	**Contact Person / Title:** _____
Mailing Address: _____	**City / State / ZIP:** _____
Phone: _____	**Email:** _____
Website / Social Media: _____	**Preferred Contact Method:** _____

3. SPONSORSHIP OR DONATION DETAILS

Contribution Amount: $_____ ☐ One-Time ☐ Recurring Frequency: _____

In-Kind Item or Service Description: _____

Estimated Fair Market Value (if applicable): $_____ Date Available: _____

Requested Sponsorship Level / Custom Package: _____

4. RECOGNITION PREFERENCES

☐ Please publicly recognize this support ☐ Please keep this contribution anonymous ☐ Contact me about recognition options

Name exactly as it should appear: _____

5. PAYMENT METHOD

☐ Check ~~☐ Credit/Debit Card ☐ ACH/Bank Transfer ☐ Online Payment~~ ☐ Other

Payment reference / confirmation number: _____ Date: _____

6. AUTHORIZATION

I confirm that the information above is accurate and authorize MSP Huddle® to use the contribution as described, subject to any written sponsorship agreement.

Authorized Signature: _____ Date: _____

Printed Name / Title: _____

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