



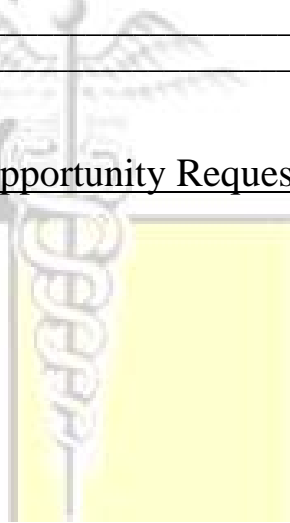
Cream City Medical Society-Undergraduate Chapter Corporate Sponsorship Form

Company Name: _____
 Contact Name: _____
 Position: _____
 Mailing Address: _____
 Telephone: _____
 Fax: _____
 Email/Website: _____

Sponsorship Opportunity Requested

Level of Sponsorship

- CCMS-UG Gold Member
\$1,000 and over
- CCMS-UG Silver Member
\$500 and over
- CCMS-UG Bronze Member
\$250 and over



- All Donations are not tax-deductible.
- All checks should be made payable to Cream City Medical Society – Undergraduate Chapter
- Sponsorship application forms may be e-mail or mailed to the address shown below.
- Sponsorship will be confirmed in writing by CCMS-UG office upon receipt of investment.

Method of Payment:
 Check Enclosed Cash Cash Please Send Invoice

Acknowledgement Information: *(Please use the following name(s) in all acknowledgements.)*

___ I (we) wish to have our gift remain anonymous.

Signature(s): _____

Date: _____