

Partner Commitment Form



Please complete and return this page to Stacy Gleason at HSMAl (stacy.gleason@hsmal.org) to indicate your commitment for the 2024 calendar year as a Partner Organizational Member. We will be in touch with you shortly to gather additional details.

Organization Name: _____

Primary Contact Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Secondary Contact Name: _____

Title: _____

Phone: _____

Email: _____

Partner Organizational Membership:

☐ Diamond \$45,000

☐ Sapphire \$25,000

☐ Emerald \$35,000

☐ Ruby \$15,000

Method of payment:

☐ Check/Wire:

A check, made payable to HSMAl, is being sent to HSMAl at 1660 International Drive, Suite 600, McLean, VA 22102. Wire/EFT information available on request. Anticipated date: _____

☐ Credit Card:

Invoices can be paid by credit card. Please provide the name and email address that the invoice and instructions should be forwarded to.

Name: _____ Email: _____