

Partner Commitment Form



Please complete and return this page to Stacy Gleason at HSMAI (stacy.gleason@hsmái.org) to indicate your commitment for the 2025 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: _____

City, State: _____

Phone: _____

Email: _____

Secondary Contact Name: _____

Title: _____

Phone: _____

Email: _____

Partner Organizational Membership:

- | | |
|---|--|
| <input type="checkbox"/> Diamond \$45,000 | <input type="checkbox"/> Sapphire \$25,000 |
| <input type="checkbox"/> Emerald \$35,000 | <input type="checkbox"/> Ruby \$15,000 |

Method of payment:

Check/Wire:

A check, made payable to HSMAI, is being sent to HSMAI 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: _____