



# CONTRIBUTION FORM

## HOW TO USE THIS FORM:

**Sponsor:** Please complete sponsor information and amount and mail the contribution slip with your sponsorship payment of a check or credit card number to the following address. Please make checks payable to the International Association of Flight Paramedics.

Mailing Address: 4835 Riveredge Cove  
Snellville, GA 30039

For Sponsor Records

## For Sponsor Records—Thank you for your support!

**Organization Name:** International Association of Flight Paramedics

**Sponsorship Amount:** \$ \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payment Type:** \_\_\_ Check \_\_\_ Credit Card

Dear Sponsor: Please cut along the dotted line. The top portion is for your records; send this portion with your payment.

## Contribution Slip—Send with payment

**Organization Name:** \_\_\_\_\_

**Sponsorship Amount:** \$ \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payment Type:** \_\_\_ Check **Check Number:** \_\_\_\_\_

\_\_\_ Credit Card \_\_\_ MasterCard \_\_\_ Visa

**Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Exp:** \_\_\_/\_\_\_ **Verification Code:** \_\_\_\_\_ (3 digits on back of card)

**Authorizing Signature:** \_\_\_\_\_

Send With Payment

Note: Please direct any questions to the IAFP National Office at 770-979-6372 or [m.newman@flightparamedic.org](mailto:m.newman@flightparamedic.org)