APPLICATION FOR CORPORATE PARTNERSHIP

Name of Corporation/individual: _____

Contact individual: _____

Address: _____

City: _____ State:_____ Zip:_____

Phone: _____ Email:_____

Amount of Sponsorship/Partnership: _____ Check level below:

_____ Ruby: _____ Paid in full _____ Pay $2500 Each year for 10 years

_____ Legacy: _____ Paid In Full _____ Pay $3000 Each Year For 5 Years

_____Platinum: _____Paid In Full _____ Pay In 2 Payments _____ Pay In 5 Payments

_____ Diamond: _____Paid In Full _____ Pay In 2 Payments _____ Pay In 4 Payments

_____ Gold: _____ Paid In Full _____ Pay In 2 Payments _____ Pay In 3 Payments

_____ Silver: _____ Paid In Full _____ Pay In 2 Payments

_____Bronze: _____ Paid In Full _____ Flag _____ Paid in Full

_____ Trailer Sponsor_____ Paid in full _____ Partner: _____ Paid In Full

_____ We would like to hold a fundraiser for the Missouri EMS Funeral Response team. E-mail the executive director gwright000@gmail.com or the deputy executive director @ eangle863@hotmail.com with the information.

_____ We would, in addition to our partnership, like to hold a fundraiser for the Missouri EMS Funeral Response team. E-mail the executive director gwright000@gmail.com or the deputy executive director @ eangle863@hotmail.com with the information.

_____ Requesting tax letter _____ Request W-9 Check #:_____Amount:_____

Credit Card Number: _____ Exp: _____

Code on Back:_____ Zip code of Card:_____

Mail form and payment to: Missouri EMS Funeral Response Team, 245 Blossom Vally, Branson Mo 65616.

Thank you for your support. If you have questions, please contact any funeral team member or contact Deputy Executive Director Ed Angle @ 660-822-6151 or Executive Director George Wright call 660-415-7990