



# MISSION PARTNERS COMMITMENT FORM

Thank you for partnering with Lakeland Volunteers in Medicine to bring free, high-quality healthcare to the uninsured in Polk County. Please complete the form below to indicate your annual commitment and recognition preferences.

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## CONTACT INFORMATION

Business/Individual Name: \_\_\_\_\_

Primary Contact Name (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## MISSION PARTNER COMMITMENT

We/I would like to make a **total** annual commitment of \$ \_\_\_\_\_ (minimum \$1,000)

## CONTRIBUTION TYPE

Select how you'd like your Mission Partner contribution to be applied (multiple selections can be made):

**Unrestricted Donation**

**Event Sponsorship**

**Swan Derby**

- Presenting Sponsor – \$50,000
- Community Event Sponsor – \$25,000
- VIP Reception Sponsor – \$20,000
- Silks & Swans Sponsor – \$10,000
- Triple Crown Sponsor – \$10,000
- Kentucky Sponsor – \$5,000

**Gift of Good Health Luncheon**

- Presenting Sponsor – \$10,000
- Impact Sponsor – \$5,000
- Table Sponsor – \$1,000

**Stewardship Group Support**

**Contribution for Stewardship Groups:** \$ \_\_\_\_\_ (Suggested range: \$1,000–\$5,000)

- Swan Society
- Heritage Society
- Healing Hands Society
- Taste of Generosity Host

**Volunteer Program Stewardship**

**Contribution for the Volunteer Program:** \$ \_\_\_\_\_ (Suggested range: \$1,000–\$5,000)

- Volunteer Appreciation Week
- Annual Volunteer of the Year Celebration
- Snack Sponsor
- Volunteer Appreciation Event(s)

**Clinic Recognition (select below)**

- Clinic Rooms - \$25,000
- Offices - \$15,000
- Volunteer of the Month Sponsor - \$10,000
- Healing Hands Gallery - \$10,000

**Custom Recognition Opportunity (we'll follow up to discuss details)**

## RECOGNITION PREFERENCES

- We/I would like to be recognized publicly (e.g., in signage, newsletters, website, etc.)  
*Please list name(s) as you wish to be recognized:*
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- We/I prefer to remain anonymous  
 I'd like to discuss a custom recognition opportunity (*We will reach out to discuss*)

## PERSONALIZE YOUR RECOGNITION

We offer meaningful and customizable recognition options. Please check the areas that align with your interests and skip any that don't.

### Believer (\$1,000 - \$4,999)

- Printed Quarterly Newsletters
- Invitation to Tour
- Recognition in LVIM's Annual Impact Report
- Pre-sale for Swan Derby VIP Reception Tickets

### Advocate (\$5,000 - \$8,999)

- Recognition on LVIM's Website
- Social Media Recognition

### Catalyst (\$9,000 - \$14,999)

- Promotion on all Clinic TVs
- Recognition in LVIM's Email Newsletter

### Champion (\$15,000 - \$24,999)

- Inclusion in all Event Programs
- Signage at All Events

### Hero (\$25,000 - \$49,999)

- Organization Update with LVIM's President & CEO
- Opportunity to Select Customized Recognition Opportunities

### VISIONARY (\$50,000+)

- Exclusive Access to Personalized Recognition Benefits

## PAYMENT PREFERENCE

- I will submit payment via check (payable to Lakeland Volunteers in Medicine)
- I would like to be invoiced -  Quarterly  Semi-Annually  Annually
- I will give online at [www.lvim.net/donate](http://www.lvim.net/donate)
- I'd like to set up a recurring donation

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Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**EMAIL COMPLETED FORMS TO BETH HILL, DIRECTOR OF PHILANTHROPY, AT BHILL@LVIM.NET.**