



2024

NMDP CYCLE Sponsorship Opportunities

Sponsorship Commitment Form

Company or Individual Name _____

Contact Person _____

Address _____

City _____ State _____ ZIP Code _____

Phone _____ Email _____

RIDER NAMES (IF APPLICABLE):

Rider #1 _____ Email _____

Rider #2 _____ Email _____

SPONSORSHIP LEVELS:

- Presenting \$100,000 Enthusiast \$50,000 Lifesaver \$25,000
- Advocate \$5,000 Friend \$2,500

PAYMENT INFORMATION:

- Please invoice me
- I have enclosed a check made payable to NMDPSM

PLEASE CHARGE MY CREDIT CARD: American Express MasterCard Visa Discover

Name on Card _____

Signature _____

Address _____

Credit Card Number _____ Expiration Date _____ CVV _____

SIGNATURE:

I (we) pledge and promise \$_____ by 2 months before the start of chosen tours.

Signature* _____ *Wet signature required