



COMMITMENT FORM



The Influential Team can only achieve its goals with the assistance of generous donations from members of our community. Without these donations, serving those in our area would not be possible.

Company: _____	Contact Person: _____
Address: _____	City: _____
Province/State: _____	Postal Code/Zip: _____
Telephone #: _____	Email: _____

Please check the circles below that apply:

- I would like to be mentioned on the Influential Team Website.
- Contact me with information about the year end Gala.
- I would like to be contacted about becoming an Influencer.

Name: _____ Email: _____

Donation Information

Donation Amount: <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000	Other: _____
Method of Payment: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque <input type="checkbox"/>	<i>Please Attach to the form</i>
Card#: _____	Expiry (mm/yy) __ __ / __ __
Name on card: _____	
Signature: _____	Date: _____

THANK YOU FOR YOUR SUPPORT!

Please complete this form and return to an Influential Team representative or via email to info@influentialteam.com