



GAMMA IOTA SIGMA
*The International Risk Management,
 Insurance and Actuarial Science
 Collegiate Fraternity*

SUSTAINING PARTNERS COMMITMENT FORM

Have A Sustaining Impact on the Next Generation of Insurance Professionals

Please submit your organization's name EXACTLY as it should appear in all materials:

Organization Name _____
 Address _____
 City _____ State _____ Zip _____
 Website _____

Please list the Primary Contact to receive all Sustaining Partner-related materials:

Name and Title _____
 Phone _____
 Email _____

Additional Contacts:

Name and Title _____
 Email _____
 Name and Title _____
 Email _____

I wish to join the Sustaining Partners Program as a:	Annual Commitment	Check to Select
Leader	\$25,000	<input type="checkbox"/>
Innovator	\$15,000	<input type="checkbox"/>
I am not ready to become a Sustaining Partner but wish to make a donation of:	\$ _____	<input type="checkbox"/>

PAYING BY CREDIT CARD

Please email this completed form to:
Noelle.Codispoti@gammaiotasigma.org

PAYING BY CHECK

Please mail this form to the address below with
 check payable to: Gamma Iota Sigma

Credit Card Number _____ Exp. _____
 Cardholder Name _____
 Billing Address _____
 Signature _____