



NIFLA'S CORPORATE SPONSORSHIP SUBMISSION FORM

NIFLA exists to protect and equip the nation's pro-life pregnancy centers in their mission to offer quality abortion alternatives to vulnerable families across the country. We thank you for partnering with us and our network of 1800+ centers and clinics to achieve an Abortion-Free America!

Organization Information

Primary Contact Name (Please Include Title): _____

Organization Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Sponsorship Payment Please indicate the amount you plan to give to NIFLA over the next 12-month term. Please also indicate if you plan to give the full amount of commitment or make payments throughout the year.

Amount: _____

Giving Plan: One-time Payment Monthly Payment Other: _____

Please submit your form with a check to the NIFLA headquarters: 10333 Southpoint Landing Blvd., Suite 107, Fredericksburg, VA, 22407. Please note "Corporate Sponsorship" in the memo so our finance team knows that it is not a regular donation. We do not recommend that you send us a check for a custom package until your proposal has been reviewed by NIFLA leadership! Email Laurie Tryfiates (development@nifla.org) to submit your proposals for approval.

Signing & Agreement

I have read and agree to all NIFLA's terms and conditions concerning corporate sponsorship benefits. I understand that my organization is only entitled to the benefits listed in our customized sponsorship agreement. I acknowledge that NIFLA is not obligated to refund any payments my organization has submitted for corporate sponsorship under any circumstances unless they choose to make an exception.

Date: _____

Sponsor Representative (Print): _____

Sponsor Representative (Signature): _____

