

Lifestyle Medicine Champion Sponsorship Pledge

Please indicate the following: Individual Champion / Corporate Champion

First Name: Last Name:

Phone: Email Address:

Title: Company Name:

Website URL:

Street Address:

City: State: Zip:

ACLM's Lifestyle Medicine Champions commit to an annual pledge of support in the amount of \$1,500. In recognition of this generous sponsorship, contributors will be listed on the Lifestyle Medicine **WALL OF CHAMPIONS** page located on the ACLM website.

What name would you like to have recognized on the Lifestyle Medicine Champions page?
(NOTE: May list an individual or entity.):

Payment (please select one of the following) :

Check enclosed — I will send payment to PO Box 6432 Chesterfield, MO 63006.

Please bill my credit card — MC / VISA / American Express

Cardholder Name:

Number: Exp.: Sec Code:

\$1,500 Lifestyle Medicine Champion Pledge

\$ Additional Donation

\$ TOTAL

**Lifestyle Medicine
Champion Pledge**

My annual investment will be used to amplify the message and propel forward the movement dedicated to transforming health and healthcare through a lifestyle medicine-first approach.

Signature: Date:

Please Note: If paying by credit card, please return your completed Sponsorship Pledge form via fax to 314.392.9097 or email to info@lifestylemedicine.org, indicating Lifestyle Medicine Champion in the subject line.

The American College of Lifestyle Medicine is grateful for your support! Thank you for your Lifestyle Medicine Champion pledge. Your partnership enables ACLM to advance its vision, mission and message across the U.S. and around the world.