## Donation Form

	Contact In	formation	
Organization Name:			
Contact Name:			
Contact Address:			
City:	State:	Zip Code:	
Telephone:	Fax:		
E-mail:			
	Sponso	orship	
\$2,000 Platin	num		
\$1,000 Gold			
\$600 Silver			
\$300 Exhibit	tor Only		
\$150 Resides	ncy Program		
	Additio	nal charitable donation:	
	Total co	ontribution amount:	

Sponsorship commitment requested prior to February 16th, 2024. Credit card payments can be made by accessing virtual invoice sent upon request.

## FINANCING AND FUNDRAISING POLICY

LMSA has developed a strong, reliable, and highly visible membership recognized locally and nationally. This accomplishment results from a steadily increasing number of members and other volunteers who have generously donated their time and expertise to further LMSA's goals. Today, LMSA is recognized nationally and has united with various national organizations to address shared goals.

LMSA's current priority is to develop a relationship with community leaders sympathetic to the healthcare needs of traditionally underserved and underrepresented populations, particularly the rapidly growing Latino population. We strongly believe the vitality of LMSA depends on active, involved membership and the development of new partnerships with a wide range of funding sources, including community leaders and associated entities.

LMSA is currently an all-volunteer organization. The annual conference is our primary fundraising source to support our goals for Latino involvement in health. Contributions from outside sources are indispensable to ensure a successful campaign.

LMSA Southwest is a 501(c)(3) organization. Please contact us if you have any additional questions regarding tax-deductible donations.

We thank you for your consideration and your continued support. If you have any questions, please email conference.southwest@lmsa.net.









Contact us for more information at:

conference.southwest@lmsa.net

fundraising.southwest@lmsa.net

