**2024-2025 Pledge Form**

*We understand that now more than ever, resource allocation requires critical analysis to ensure that there is valuable return for your investment.*

*By pledging to MBIPC, you are making a sound investment for your business. Our purpose is to enhance the ability of its members to provide high quality, ethical rehabilitation, health care, and related services to people with a brain injury. This is accomplished through resource sharing and information exchange, professional development and education, promotions of beneficial legislation, and advocacy for brain injury services.*

*Being able to meet our mission will help you meet yours! Please consider giving what you can to strengthen our position to help ensure your business doesn’t just survive but thrives!*

**I pledge an annual financial commitment in the amount of $\_\_\_\_\_\_\_ as an investment in MBIPC’s mission. *A minimum pledge of $1,000 is required for Governmental Relations Membership status.***

**Authorization Signature:***Please sign regardless of payment method*

**Method of Payment:** Pay Today: Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Invoice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Monthly (12 payments)  Quarterly (4 payments)  Annually (1 payment)

**Invoice Authorization:**

*Organization*

 **\_\_\_\_\_\_**

*Full Name*

*Address*

*City, State, Zip*

*Email*

*Phone (Work or Cell)*

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*\*Membership fees are not included in pledge.
\*****A minimum pledge of $1,000*** *is required in order to engage in the Government Relations Committee, with special quarterly meetings with MBIPC political consultant and guest speakers,*

For your records, MBIPC will send you a letter that can be used as a receipt for your pledge.

**Mail payment to:**

Michigan Brain Injury Provider Council

7305 Grand River Suite 100

Brighton, MI 48114