



Rotary District 6110
Medical Supplies Network, Inc.
1123 South Erie
Tulsa, OK 74112
(918) 834-4567

AMBASSADOR PROGRAM APPLICATION

Date of Application _____

Individual Completing Form _____ Day Phone (____) _____

I. Donor of Contribution

Mr. Ms. Dr. Other _____

Name _____

Address _____

City _____ State _____ Zip _____

Rotary Club of Donor _____

II. Contribution Details

Please make checks payable to: Medical Supplies Network, Inc. Do not send cash.

Amount of Contribution \$ _____

Type: Check Stocks (Name) _____

(please contact MSNI for instructions)

III. Recipient of Recognition

Please check one: Same as Donor Deceased Other *(give details below if "Other")*

Sustaining Member - Contribution of less than \$1,000 *(no tangible recognition)*

Ambassador - Contribution of \$1,000

Approximate presentation date requested _____

Please send recognition to:

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____



AMBASSADOR RECOGNITION APPLICATION FORM

Thank you for your contribution to the Rotary District 6110 Medical Supplies Network, Inc. Ambassador Program. These funds will be used to improve the lives of people around the world and enhance international friendship and understanding. For example, your \$1,000 contribution can provide transportation for medical equipment and supplies to developing countries throughout the world and help with the cost of operating and maintaining warehouse equipment which makes this project possible. To help serve you better, please complete all application sections on the back of this form when making your contribution.

I. Donor of Contribution

A contribution receipt will be sent to whoever is making this contribution. The donor can be a person, Rotary Club, company, family foundation or other organization. Your contribution is tax deductible where permissible by law.

II. Contribution Details

Please make your checks payable to Medical Supplies Network, Inc. Do not send cash. Contributions of \$1,000 will receive District Ambassador recognition. This recognition includes a certificate suitable for framing as well as a lapel pin that will identify you as a District Ambassador.

III. Recipient of Ambassadorship

Please complete this section only if requesting recognition for your contribution. District Ambassadorship is given in appreciation for contributions of \$1,000. Gifts of less than \$1,000 (but a minimum of \$100) will become Sustaining Members and will be recognized as Ambassadors when they reach the \$1,000 threshold. No time limit is set to obtain Ambassadorship.

Please send your contributions to:

**Medical Supplies Network, Inc.
1123 South Erie
Tulsa, Oklahoma 74112**