PRESTIGE MEDICAL SOLUTIONS
SCHOLARSHIP FUND
SPONSORSHIP FORM

YES, I want to help make dreams come true. Please accept my contribution to this fund so that those with difficulties in their lives can attend a program and start a new, rewarding career.

Name:

_____

Company (if applicable):

_____

Address:

_____

Amount of Contribution:

☐ Amount: $_____

PLEASE MAKE YOUR CHECK PAYABLE TO:

Prestige Medical Solutions

PLEASE MAIL THIS FORM WITH YOUR CHECK TO:

Prestige Medical Solutions
490 Somerset St, Suite B
North Plainfield, NJ 07060

____ Call me to discuss special sponsorship opportunities for the Scholarship Fund

Phone: _____

THANK YOU for Your Support!