Mission Mile Marker Order Form

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Mission Marker Sold by

_____

Name of Purchaser

_____

Address

_____

City, State Zip

_____

Email Address Phone

_____

Message on Mile Marker (20 Characters)

Example: Keep Going James!, ABZ Co. Supports.., or insert a company logo or a general photo.
All company logos and photos must be high resolution and emailed to scook@medassist.org by October 16, 2018.

Payment Information:

Mission Markers: **$200 each**

The purchase of each Mission Mile Marker supplies one patient with lifesaving medication for an entire year! Mission Mile Markers are 100% tax deductible.

□ Credit Card (Pay Online at www.medassist.org, www.runncmedassist.com)
□ Check Enclosed (Please mail to: NC MedAssist, 4428 Taggart Creek Road, Suite 101, Charlotte, NC 28208)
□ Please invoice me
□ Already paid via www.runncmedassist.com

NOTE: All logos, photos or messages, and payments must be received by **October 16, 2018** to ensure sign availability on October 27, 2018.