



Partner Agreement

I am a: (check one below)

<input type="checkbox"/> School	<input type="checkbox"/> Main Street Organization	<input type="checkbox"/> Youth Organization
<input type="checkbox"/> Hospital	<input type="checkbox"/> Arts Organization	<input type="checkbox"/> Government Organization
<input type="checkbox"/> Chamber	<input type="checkbox"/> Economic Development	<input type="checkbox"/> Other: _____

Organization Name: _____

Contact Name: _____ **Title:** _____

Mailing Address: _____

City: _____ **Zip Code:** _____ **County:** _____

Phone: _____ **Alternate Phone (Cell):** _____

Email: _____

I serve as a partner in the following way:

- Labor or skill
- Volunteer labor or skill
- Financial partner
- Other: _____

Please include a brief narrative describing your role as a partner: