



Partnership - Request Form

Date _____

Name of Organization _____

Contact Number _____

Address _____

City _____ **Zip** _____

Does your organization fall under the 501(c) (3) section of the internal revenue code? _____

We would like to work with your organization to help educate and uplift our Youth, Senior Citizens or our Community. Tell us about your project and let us know how we may work together.

Submitted by _____

Contact 404.542.8683 for additional information