

## Partnership Form

YES! I wish to Partner with A	LIVEntertainment by s	ponsoring the "Non-Vi	iolence Starts with Me" campaign.
Name			
Company			
Address			
City		State	Zip
Primary Phone #Secondary #		ndary #	
Fax	Email		
Enclosed is my tax-de	ductible donatio	n of :	
□ <b>44</b> -00	□ 40 500	□ 40 <b>-</b> 00	
□ <i>\$1,500</i>	□ <i>\$2,500</i>	□ <i>\$3,500</i>	☐ <i>OTHER</i> \$
Please make check	s and other gifts	Payable to: <u>ALIV</u>	Entertainment Foundation Inc.
Acknowledgment Info	rmation:		
Dlease use the followi	na namels) in all	acknowledament	s:
rieuse use the johown	ng name(s) in an	acknowledgment.	o
☐ We wish to have o	ur gift remain an	onymous.	
		ŕ	
Signature(s)			Date
	Mai	l this form to:	_
	ALIV	Entertainment	
	Р.(	O.BOX 1476	
	Buff	alo, NY 14215	

fl.f. foundation inc.

TEL.716.510.0907

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