



CENTERS FOR SUCCESS, INC.

PARTNERSHIP CONTRIBUTION FORM

DONATION IS ___ Personal ___ Corporate ___ Group ___ Other: _____

Donor Name: _____ Title: _____

Phone: _____ ___ Business ___ Personal

Email: _____ ___ Business ___ Personal

Company name (For recognition purposes): _____

Company mailing address: _____

City: _____ State: _____ Zip: _____

Company Facebook URL: _____ Company Twitter URL: _____

I agree to support CENTERS FOR SUCCESS INC. with a:

- Financial contribution Gift amount: _____
- Gift-In-Kind donation Gift value: _____
- Volunteer Project Date: _____ Project: _____

Description/comments: _____

Centers For Success, Inc. contact: _____

Donation acknowledgement goes to: _____ Title: _____

Phone: _____ Email: _____

Address, if different from above: _____

City: _____ State: _____ Zip: _____

Donor signature (required)

Date

Please complete this form carefully. A tax receipt will be sent to you for your donation.

Thank you. We appreciate your contribution. Please send form to:

Centers For Success, Inc., Partnerships/Donors/Contributions, P.O. Box 324, Tallevast FL 34270 | 941-822-8952 | Tax ID #59-6214463