



2020 Children's Partnership Program Enrollment Form

Name and/or Company Name (as it should appear in program/signage)

Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____ E-mail: _____

Phone: _____ Fax: _____

Youth In Need's 2020 Children's Partnership Program Opportunities

- Principal Partner | \$15,000 Champion Partner | \$10,000
- Guardian Partner | \$5,000 Trustee Partner | \$3,000 Patron Partner | \$1,500

We would like a 2020 Children's Partnership Program display piece for our office/home.

We would like to sign up for quarterly or monthly installments. Please contact us to confirm the details.

Enclosed is a check made payable to Youth In Need.

Please bill the above address.

Please charge the credit card listed below.

- Visa MasterCard AmericanExpress Discover

Account Number: _____ Exp. Date: _____

Signature: _____