



2024 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 2024 Children's Partnership Program Opportunities

- | | | |
|---|--|---|
| <input type="checkbox"/> Principal Partner \$17,500 | <input type="checkbox"/> Champion Partner \$12,000 | |
| <input type="checkbox"/> Guardian Partner \$6,000 | <input type="checkbox"/> Trustee Partner \$3,750 | <input type="checkbox"/> Patron Partner \$1,750 |

☐ We would like a 2024 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: _____