



## 2026 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: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Youth In Need's 2026 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 2026 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: \_\_\_\_\_