## Nonprofit Partnership Inquiry Form

| Organization Name                               |
|---|
|   |
| Organization Type                               |
|   |
| Contact Name                                    |
|   |
| Contact Email                                   |
|   |
| Contact Phone                                   |
|   |
| Organization Website                            |
|   |
| Organization Mission or Focus Area              |
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| What type of partnership are you interested in? |
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|   |
| Who is your primary audience or beneficiary?    |
| The league primary additioned of periodiciary.  |
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| Additional Information or Questions             |
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