Annual Partnership Commitment Form

Organization Information

Organization Name	
Website	
Address	
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City	
City	
State	
State	
ZIP	
Contact Name	
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Title	
Email	
Phone	
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Partnership Commitment	
Select Annual Commitment Level	▼
Custom Contribution (if any)	
Custom Contribution (ii any)	
Recognition Preferences	
How would you like to be recognized?	
Authorized Signature	
Name	
Title	
Deta	
Date	
Signature	