PARTNERSHIP AGREEMENT

Peak Vista Community Health Centers | Foundation

Date _____

My company prefers (Please choose one)

☐ **Philanthropic Partnership** ☐ **Marketing Partnership**

My Partnership Commitment (Please mark the option that applies)

☐ **Custom** Presenting Partner
☐ **Custom** Lead Partner
☐ **$18,000** Gold
☐ **$14,000** Silver
☐ **$10,000** Bronze
☐ **$8,000** Coffee
☐ **$8,000** Parking
☐ **$5,000** Pentathlon
☐ **$2,500** Essential

☐ We are unable to provide a partnership, and will make a donation in the amount of $ _____

Company Information

Company name (as you would like it to appear in materials) _____

Address _____

City/State/Zip _____

Contact Information

Partnership

Name _____

Email _____ Telephone _____

Social Media

Name _____

Email _____ Telephone _____

Credit Card Information (Peak Vista Foundation accepts Visa, MasterCard, AMEX, or Discover Card)

Number _____ Exp. Date _____ CSC (3/4 digit code) _____

Amount $ _____ Name (as it appears on card) _____

City/State/Zip _____

Signature _____

Return completed form to:

Email: development@peakvista.org

Mail: Peak Vista Community Health Centers Foundation
Philanthropy Department
3205 N Academy Blvd, Suite 130
Colorado Springs, CO 80917

Questions? Contact the Philanthropy team.

development@peakvista.org

719.344.6605