



# 2025 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 2025 Children's Partnership Program Opportunities

- Principal Partner | \$17,500
- Champion Partner | \$12,000
- Guardian Partner | \$6,000
- Trustee Partner | \$3,750
- Patron Partner | \$1,750

We would like a 2025 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: \_\_\_\_\_