WITHOUT A FORM, THE PARTNER WILL "NOT" BE LISTED IN OUR LITERATURE. THIS FORM MUST BE INCLUDED WITH ALL PARTNER CHECKS OR DONATIONS. PLEASE USE THIS OFFICIAL FORM, NO OTHER FORM WILL BE ACCEPTED.

2013-14

## ENGLEWOOD AREA CANCER FOUNDATION PARTNERSHIP FORM

| PLEASE FILL IN THE BLOCKS WITH THE PARTN<br>TO BE LISTED IN THE LITERATURE. LIMIT THE<br>AVAILABLE IN THE BLOCKS. PLEASE <b>PRINT</b> C                               | E NAME TO THE SPACES |
|---|----------------------|
|   |                      |
|   |                      |
|   |                      |
| Please include a complete address.  |                      |
| Mailing Address   |                      |
| CityState   | eZip                 |
| TelephoneE-mail   |                      |
| IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT Rob Hipps-941-445-0751  I grant the EACF permission to use my company logo on the foundation's website and/or social media. |                      |
| Company Representative  |                      |
| Address:  |                      |
| 51ty/5tutte/21b   |                      |
| PhoneE-Mail   |                      |
| Includes one sided lawn sign and Web Page listed as   |                      |
| ☐ Check Enclosed for \$150.made payable to:   |                      |
| Englewood Area Cancer Foundation. Inc. PO Box 318 Englewood Fl 34295  |                      |