



Partnership Registration Form

(Please Print)

- | | |
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| <input type="checkbox"/> CHAMPION PARTNER - \$5,000 & above | <input type="checkbox"/> ADVOCATE PARTNER - \$1,000 |
| <input type="checkbox"/> WARRIOR PARTNER - \$2,500 | <input type="checkbox"/> SUPPORTER - \$500 |

Corporation Name: _____ Contact Name: _____

Contact Phone Number: _____ Email: _____

Business Address: _____

Please let us know how you would like your organization recognized on printed materials:

Total of \$ _____ is enclosed or to be charged on a credit card.

Payment Information: Please make **checks payable to Skyline Foundation**. If paying by credit card, please provide the following information:

Visa MasterCard Discover

Card Number: _____ Exp. Date: _____

Name on Card: _____

Signature: _____ CSC # (on back of card): _____

**Thank you for your generous support of
Skyline Foundation's SHINE ON! Virtual Fundraising Event.**

Please return the completed form to
Dawn Nielson at Skyline Foundation, P.O. Box 1625, White Salmon, WA 98672
or by email to dnielson@myskylinehealth.org.