

MCWT & MCWT Foundation Partner Form

Complete and fax to 248-281-5391 or email to partnership@mcwt.org

Fields Highlighted in Orange are Required

Date: _____ (Current Date – Format mm/dd/yyyy)

Partner Name: _____

Partner Address: _____

Partner City: _____ **State:** _____ **Zip:** _____

PAYMENT INFORMATION

Invoice Instructions: _____ (Bill to – Attn)

Address: _____ (Address to Send Invoice)

City: _____ **State:** _____ **Zip:** _____

PO # (if required) _____

Special Instructions: _____

- Partner Type (Check One):** Diamond (\$25K)
 Platinum (\$10K)
 Gold (\$5K)
 Bronze (\$2K)

- Level Type (Check One)**
 Foundation
 Council

Partner's Main Contact Name: _____ (Name of Contact for your Partnership)

Partner's Main Contact Phone: _____ - _____ - _____ (Phone including area code)

Partner's Main Contact Email: _____ (Email address)

Funding Manager Contact Name: _____ (Name of Contact Responsible for Funding)

Funding Manager Contact Phone: _____ - _____ - _____ (Phone including area code)

Funding Manager Contact Email: _____ (Email Address)

Company URL: _____

Notes/Additional Information:
