



Residential Partnership Form

Name

Address

Town

State

Zip

Email

Phone

Circle preferred method of contact

Age (optional)

School (if current student)

PARTNERSHIP LEVEL

_____ Under 18 (\$5)

_____ Over 65 (\$10)

_____ Individual Adult (\$25)

_____ Family/Household (\$30)

_____ Local Hero (\$100)

Thank you for your interest and investment in your community

