



Tuesday, September 19, 2017
6 p.m. – 10 p.m.
Renaissance at Colony Park
1000 Highland Colony Pkwy, Ridgeland, MS 39157

Partner Name: _____

Partner's Contribution Amount: \$ _____

In-Kind Goods/Services or Publicity/Media: _____

Term of Agreement: Start: _____ End: _____ (not to exceed _____ days)

Contribution Payment /Due Date: Invoice to be paid according to the dates specified below. (If multiple payments, list each payment date and amount separately.)

Due Date <i>(must be at least 30 days prior to event)</i>	Amount Due on Due Date
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

(To be completed prior to signature by partner)

Send Payment to: Amanda Fontaine, Mississippi Burn Foundation, 161 Pine Ridge Circle, Brandon, MS 39047

Your contribution should be made payable to the Mississippi Burn Foundation and accompany this form.

Purpose: The purpose of this partnership is to benefit the Mississippi Burn Foundation (MBF) and advance its not-for-profit mission to provide assistance for burn survivors and their families. Partner would like to assist them to carry out its mission and agrees to provide the support outlined above. Partner understands that as a not-for-profit charitable organization MBF cannot promote or endorse Partner's products or services. Partner agrees that as a not-for-profit charitable organization, the MBF will be required to disclose its sources of funding, including Partner's funding or other resources provided under this Agreement. In appreciation of Partner's support, MBF will recognize Partner's donation in the appropriate event materials. Partner grants permission to MBF to display Partner's name and trademark with Partner's prior review and approval.

Partner Contact Information:

Partner Billing Information:

Name	Title	Name	same	Title
Company Name		Company Name		
Address		Address		
City	State MS (Mississippi)	Zip	City	
Phone	Fax	State Choose. Zip		
Phone		Phone		
Fax		Fax		
Email		Email		

My signature indicates authorization to make this commitment on behalf of my company.

Signature (Must be signed) _____ Date (Must be dated) _____

