

# *Sisters of the Spirit*

## Partnership Interest Form

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home, cell, and work): \_\_\_\_\_

Point of Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_

Title: \_\_\_\_\_

Tell us about your organization(mission, vision, years in existence, programs, etc.):

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Existing partnerships: \_\_\_\_\_

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How will our organizations complement each other?:

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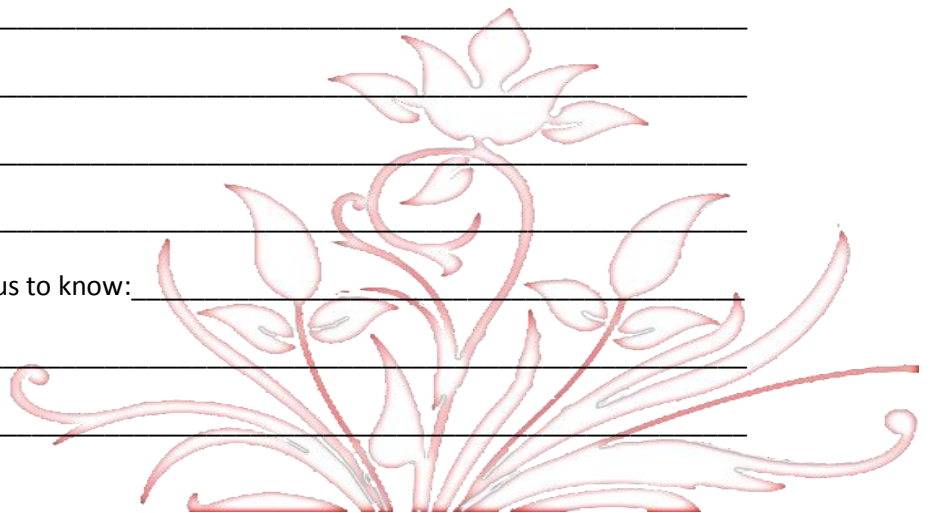
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Additional information you would like us to know: \_\_\_\_\_

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*Educated, Beautiful, Spiritual & Loved*