



# Partnership Form

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Partnership Level *(Select all that apply)*

Gold - \$5000

Bronze - \$1000

Silver - \$3000

Custom - \$500 and above

## Partnership Areas *(Select all that apply)*

Education

Garden

Use my contribution where needed most

Animal Care

Grounds and Maintenance

**TOTAL PARTNERSHIP**

\$ \_\_\_\_\_

## Payment Information

**Check** - payable to Northville Community Foundation

**Visa/Mastercard/Amex**

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV \_\_\_\_\_

**Please Invoice**

**Please fill out form and email to:** [diana@mayburyfarm.org](mailto:diana@mayburyfarm.org)

**or mail to:** Diana Wallace, Executive Director, PO Box 560, Northville MI 48187

**NOTE: Partnerships are Customizable. All or a portion of your partnership may be tax deductible - consult your financial advisor.**

**248-374-0200 / option 1 • [mayburyfarm.org](http://mayburyfarm.org)**