**Partnership Program 2022**

The Children’s Resale will be hosting our bi-annual sales and would like to invite you or your business to partner with us in serving families across the Michiana community. Our resale offers high-quality, child and maternity items for a fraction of retail prices. Your partnership will allow for a child in need to receive a monetary voucher to shop our resale.

**HOW YOU CAN GET INVOLVED**

**WHO:** Individuals, families, groups,local businesses, companies, churches, schools, & independent distributors.

**WHAT:** Sponsor a child or children through a monetary donation. 100% of donations will go towards providing vouchers to families in need.

**WHEN:** Sponsorship will be accepted anytime with 2022 Resales on March 26th/Nov 5th.

**HOW:** Complete the form below and submit it, along with your donation, to a Resale Committee Member, or via mail at P.O. Box 911, Wakarusa, IN 46573

**Businesses, we extend an offer to:**

* Include your business name to our Resale Community Partnership take home flyer & website.

**YES, I would like to partner with the Children’s Resale!!**

| **Your Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- |
| **Mailing Address:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Email:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Business Name** (if applicable)**:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Website:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **□** I want my donation to remain Anonymous (information above will not be publicized if this box is checked) |
| **Enclosed is my gift of:** | (every $25 sponsors one child) |
|  | □ $25 | □$50 | □$75 | □$100 | □$125 | □other $\_\_\_\_\_\_\_\_\_ |
| * Make checks payable to ‘Children’s Resale’
 |
| **May we contact you with future partnership requests**? □Yes, please □No, thank you |
| **Resale Committee contact:**  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Phone:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |