

Party with a Purpose



Partnership Agreement

Company / Organization: _____

Contact Person: _____

Address: _____

Email: _____ Telephone: _____

Partnership Level:

Presenting Partner (\$10,000) _____

Commodore Partner (\$5,000) _____

Admiral Partner (\$2,500) _____

Captain Partner (\$1,000) _____

Authorized Signature: _____

Please send this form with your check (made payable to Maine Children's Cancer Program) to:

**Maine Medical Center Philanthropy Office
c/o Maine Children's Cancer Program
22 Bramhall Street
Portland, ME 04102**

*For further information about our partnership program, please contact
Ashton Hunter-Sildve, MCCC Philanthropy, at ahuntersil@mmc.org or 207-662-2739*