

## Partnership Application

### Contact Information

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_

Alternative Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Alternative Contact Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Alternative Contact Email: \_\_\_\_\_

### Organization Information

Organization Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 EIN: \_\_\_\_\_  
 Annual Revenue: \_\_\_\_\_  
 Avg Annual GIK Received: \_\_\_\_\_

- Organization Classification:** (check all that apply)
- |  |   |
|--|---|
| <input type="checkbox"/> Nonprofit         | <input type="checkbox"/> Education/School |
| <input type="checkbox"/> Public/Government | <input type="checkbox"/> Church/Faith     |
| <input type="checkbox"/> Foundation        | <input type="checkbox"/> Animal Care      |

**Purchase Needs:** (List the assets you purchase regularly.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Gift-In-Kind Needs:** (List the assets you need as Gift-In-Kind.)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As a member of Restore Global, you will receive weekly email updates about items we have available. If you would prefer to not receive these messages from Restore Global, please initial here. \_\_\_\_\_

**Signature of Organization Officer**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this application to: Restore Global**  
**PO Box 77293**  
**Charlotte, NC 28271**

**...or scan and email to:**  
**partnerships@restoreglobal.org**