



## CORPORATE PARTNERSHIP APPLICATION

Thank you for your interest in partnering with our organization. Together, we make our community better!

Company:

Address:

City:

State:

Phone:

Email:

Company Contact Person:

Ext. or Alt #:

Donor name to be recognized:

Donation description:

Donation frequency:

Restrictions / Expiration:

Estimated Retail Value: \$

*Please note, while your donation is priceless to us, an estimated fair market value is required for tax purposes.*

Please check one:

Item is attached

Item is being mailed (14090 Southwest Freeway, Ste 300, Sugar Land, TX 77478, Attn: Partnerships)

Donating online ([www.drcgk.org](http://www.drcgk.org))

Item(s) to be picked up (Instructions: \_\_\_\_\_ )

Dr. CGK Foundation, Inc. is a recognized non-profit organization under Section 501(c)(3) of the Internal Revenue Code. Written acknowledgement of your contribution for federal income tax purposes will be provided upon receipt. Public recognition highlighting your generosity will be made on our website and across our social media platforms. If you wish for your donation to remain anonymous, please indicate below.

Please keep our entire donation anonymous.

Please keep only the donation amount anonymous.

*All donations are subject to approval by Dr. CGK Foundation, Inc. and must comply with state regulations.*

Company Representative's Signature:

Date:

Printed Name:

Title:

Please submit your completed form to [donate@drcgk.org](mailto:donate@drcgk.org).

Thank you for your partnership!