

107 Goldsborough St. PO Box 2004 Easton, MD 21601 **talbotinterfaithshelter.org** 

## Talbot Interfaith Shelter Business Partnership Plan

Business Name:		
Mailing Address:		
City, State, Zip Code:		
Business Partnership Contact Perso	on:	
Email Address:	Phon	ne #:
Partnership Level Requested:		
<ul><li>Foundation (\$240/y</li><li>Open Doors (\$600/y</li></ul>		
<ul> <li>Home Builder (\$1,200</li> </ul>		
• Raise the Roof (\$2,4		
• Lifetime (\$10,000 on		
Payment Plan:		
• Annually Credi	t Card	Check
<ul> <li>Monthly Credit</li> </ul>	t Card	Check
• Quarterly Credi	t Card	Check
Credit Card Number	Name on Card	
Card Expiration	Security Code	Zip Code
the selected payment plan. In exc	ness Partner agrees to provide payme hange, Talbot Interfaith Shelter agre The Partnership will be valid for one	es to provide the stated benefits
——————————————Business Partner Representative	 Talbot Interfai	ith Shelter Representative

If you have any questions, contact Laura Richeson at lauraricheson@talbotinterfaithshelter.org or 443-786-6962.

Talbot Interfaith Shelter, Inc. (TIS) is a 501(c)(3) organization; Federal ID: 26-4629046 Gifts to TIS are fully tax-deductible as allowable by law. A copy of TIS's financial statement is available by contacting Executive Director Julie Lowe at julielowe@atlanticbb.net, by calling Julie Lowe at 410-310-2316, or by writing TIS at P.O. Box 2004 Easton MD 21601.Documents and information submitted under the Maryland Charitable Solicitations Act are also available, for the cost of postage and copies, from the MD Secretary of State, State House, Annapolis, MD 21401.