



Community Living's Annual Partnership Enrollment Form

Yes, I/we want to be a partner with Community Living, Inc., in the mission to provide innovative services and opportunities for people with disabilities. Together we can enrich the lives of people with disabilities so they can achieve their highest potential.

Please select one of the following partnership levels.

- PREMIER PARTNER.....\$7,500
- PROMINENT PARTNER.....\$5,000
- DISTINGUISHED PARTNER.....\$2,500
- KEY PARTNER.....\$1,500

Name _____ Date ____/____/____

Name of Business (if applicable) _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Please Invoice me.

Enclosed is a check for \$ _____ made payable to **Community Living, Inc.**

Please charge \$ _____ to VISA MASTERCARD AMEX DISCOVER

Name as it appears on card _____

Account Number _____

Expiration Date ____/____ Security Code (on back of card) _____

I am interested in tax credits* for the donation portion of my annual partnership.

**Tax credits are a 50% Missouri State tax credit available to qualified donors. Please contact the Development Department at 636-970-2800 or development@communitylivingmo.org for more details.*

Send this form to:

**Annual Partnerships
Community Living, Inc.
1040 St. Peters Howell Road
St. Peters, MO 63376**

Community Living, Inc. is a 501(c)3 not for profit organization.