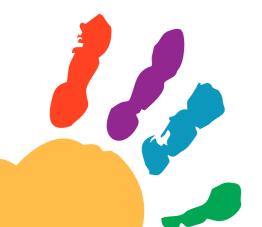


## **Partnership Agreement**

| YOUR CONT  | ACT INFORMATION |
|--|-----------------|
| First Name   | Last Name       |
| Address  |                 |
|  |                 |
| City/State   | Zipcode         |
| Phone  | Email           |
| GENERAL INFORMATION  |                 |
| WHAT SCHOOL DO YOU ATTEND (IF APPLICABLE )?  |                 |
|  |                 |
| WHAT OR WHO INSPIRES YOU THE MOST?   |                 |
| WILLIAM A DE VOLUD EAVODITE COL ODO O  |                 |
| WHAT ARE YOUR FAVORITE COLORS ?  |                 |
| WHAT DO YOU WISH TO ACCOMPLISH AT THE END OF THIS PROGRAM?   |                 |
| WHAT BO TOO WICH TO ACCOMI EIGHTAT THE END OF THICT ROCKAM.  |                 |
|  |                 |
|  |                 |
| YOUR SIGNATURE SIGNIFIES THAT YOU AGREE TO PARTNER WITH US IN MAKING AN IMPACT IN OUR COMMUNITIES, HAVE FUN WITH FAMILY AND FRIENDS, AND LEARN MORE ABOUT YOURSELF AND |                 |
| OTHERS.  |                 |
|  |                 |
| Signature:   |                 |
| J  |                 |





## **Partnership Agreement**



Thank you for taking this step with us. At The Village of Help We believe in giving back to our community in ways that address mental and physical health. Studies show that giving to others can help to improve ones health, and that is one of the reasons why we are excited to have you join us in our efforts to make the world a better place. We have partnered with The Nash county Arts Council, With plans to provide art kits to participants with hopes to encourage positive interactions in the community. Since you have signed up, you and your family will receive an art kit each month until June of 2024. Each kit will contain a project for you and your family to complete together over the course of the month. At the end of each month, all participants will be asked to come together for a luncheon, with an option to showcase your talents. Thanks in advance for your participation.

Happy crafting friends!

