



*Nonprofit organization providing short-term crisis assistance to our neighbors in the Greater Matthews Community.*

## CPP REGISTRATION FORM

COMPANY NAME:

CONTACT:

ADDRESS:

CITY, ST, ZIP:

PHONE:

EMAIL:

\_\_\_ YES, would like to participate in the MHC Corporate Partnership Program in support of local families in need in our community.

I, \_\_\_\_\_ (Contact Name) authorize use of our company logo in association with the programs outlined.

*Please email logo to be used to [sross@matthewshelpcenter.org](mailto:sross@matthewshelpcenter.org) in png and pdf format for use ASAP.*

### Level of Participation:

\_\_\_ Presenting **"Life Changing"** Sponsor - \$15,000

\_\_\_ Platinum Sponsor - \$10,000

\_\_\_ Gold Sponsor \$7,500

\_\_\_ Silver Sponsor - \$5,000

\_\_\_ Bronze Sponsor - \$3,000

**WE LOOK FORWARD TO PARTNERING WITH YOU!**

Please return this form to: Susan Ross - Director of Development -  
[development@matthewshelpcenter.org](mailto:development@matthewshelpcenter.org) Questions? 704-847-8383 x 299

