

AUTHORIZED TO PARTNER ON THE ORGANIZATION'S BEHALF

SHELTER PARTNER: _____

NAME: _____

PHONE # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____

PHONE # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____

PHONE # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

