

CHOSEN



DAUGHTERS OF DESTINY, INC.
"Fostering that Defining Moment in a Young Woman's Life"

Partnership Form

PARTNERSHIP INFORMATION

Company Name _____

Contact Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Publications

- | | |
|---|----------|
| <input type="checkbox"/> Half page ad | \$20.00 |
| <input type="checkbox"/> Full page ad | \$40.00 |
| <input type="checkbox"/> Newsletters | \$100.00 |
| <input type="checkbox"/> Signage | \$200.00 |
| <input type="checkbox"/> Online Marketing | \$150.00 |
| <input type="checkbox"/> Web Advertisements | \$300.00 |

PAYMENT

Check# _____ made payable to Chosen Daughters of Destiny

MasterCard

Visa

Credit Card# _____ Exp date (mm/yy) _____

Name on card _____

Card holder signature (*required*) _____

RETURN THIS FORM WITH PAYMENT TO:

Chosen Daughters of Destiny, Inc.

P.O. Box 438759

Chicago, IL 60643

QUESTIONS? Contact: Marqueece Holifield, at (773) 593-7257 or
marqueece@chosendaughters.org