



Be a Community Partner for Sass Road

CLC-K COMMUNITY PARTNER DECLARATION FORM

Please fill out this form (please print) and send it along with your payment to:

Community Living Chatham-Kent Office
PO Box 967, Chatham, Ontario N7M 5L3
(t) 519.352.1174 (f) 519.352.5459

For more information or to discuss community partnership opportunities, contact Heather Rall at 519.352.1174 Ext.232, hrall@clc-k.ca

Company Name: _____ Contact: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

What type of service/product do you provide: _____

To whom do you provide this service/product? _____

Partnership Opportunities

We would like to become a Community Partner for the Sass Road facility and sponsor the following:

- | | | |
|--|---|---|
| <input type="checkbox"/> Computer Resource Learning Centre (\$2,500) | <input type="checkbox"/> Lunch / Work Room #1 (\$2,000) | <input type="checkbox"/> Activity / Music Room #2 (\$4,600) |
| <input type="checkbox"/> Leisure / Work Room #3 (\$6,500) | <input type="checkbox"/> Craft / Work Room #4 (\$3,500) | <input type="checkbox"/> Training / Work Room #5 (\$2,000) |
| <input type="checkbox"/> Kitchen (\$8,000) | <input type="checkbox"/> Terrace Space (\$8,000) | <input type="checkbox"/> Activity Sensory Room (\$20,000) |
| <input type="checkbox"/> Direct Care Room (\$5,000) | <input type="checkbox"/> Therapeutic Treatment Room (\$5,000) | |
| <input type="checkbox"/> Other (From "Shopping List"): | Amount: _____ | Room/Item(s): _____ |

Payment Options

Please indicate your method of payment Visa MasterCard Cheque (made payable to Community Living Chatham-Kent)

Card Number: _____ Expiry: _____

Name on Card: _____ Signature: _____

Note: Community Living Chatham-Kent will review declarations for Community Partnership and reserves the right to accept or reject application for any reason.