



**IDAHO
Child Abuse
Prevention
COALITION**

Supporter Form

The Idaho Child Abuse Prevention Coalition c/o Idaho's Heart, Inc.
PO Box 4941 Boise ID 83711 (208) 424-0943 information@idahosheart.org

Please attach a brief narrative (no more than one page) explaining how your organization would like to contribute to Coalition efforts.

Applying as an: individual organization

Name: _____

Mailing Address: _____

Telephone Number: _____ Fax: _____

(if an organization)

Organization Representative: _____

Telephone Number: _____ Ext. _____

Email: _____

Please add our organization to the Coalition website.

Web address: _____

Please complete the following information for the website if different than that supplied above.

Contact(s): _____

Email: _____ Phone: _____

Mailing Address: _____

The above identifies our contact information for the Coalition. By signing this Agreement Form, I acknowledge that agree to support the Coalition in the manner described on the attached page for the period of June 1, 2008 to May 31, 2009. I understand that my or my organization's name and logo may be used in all Idaho Child Abuse Prevention Coalition promotional materials. I understand that I will have 30 days prior to finalization of such materials to remove our/my name and/or logo.

Signed

Date

Print Name

Title

Office use only:

Received: _____ Accepted Not accepted by a vote of _____ members out of _____ present on _____

Benefits: Advertising Blue Ribbons Voting privileges Other: _____