



# Beacon Outreach Partnership Form

## 1. Contact Information

Full Name / Organization Name: \_\_\_\_\_

Contact Person (if applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Website / Social Media (if any): \_\_\_\_\_

## 2. Type of Partnership (Check all that apply)

- Financial Support (Donations & Sponsorships)
- Material Support (Medical Supplies, Food, Clothing, etc.)
- Volunteer Support (Providing Skilled Personnel)
- Media & Publicity (Promotions, Social Media, etc.)
- Infrastructure Support (Buildings, Boreholes, Schools, etc.)
- Other: \_\_\_\_\_

## 3. Partnership Commitment

- One-time Partnership
- Ongoing Support
- Long-term Collaboration
- Other: \_\_\_\_\_
- Estimated Contribution (Optional): NGN \_\_\_\_\_



**4. Additional Notes Please share any specific details about how you would like to support:**

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**5. How Did You Hear About Us?**

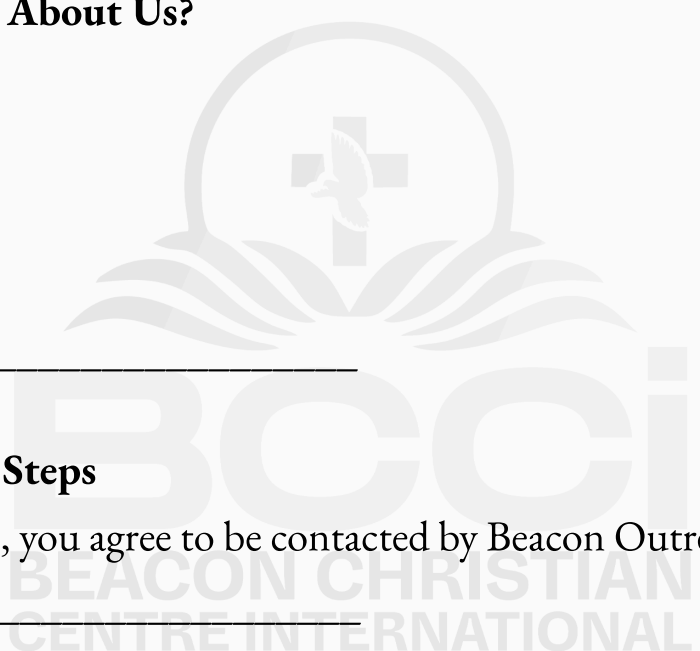
- Website
- Social Media
- Friend/Referral
- Event
- Other: \_\_\_\_\_

**6. Agreement & Next Steps**

By submitting this form, you agree to be contacted by Beacon Outreach.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**NB:** Once you have completed this form, please send a soft copy to [info@beaconoutreach.org](mailto:info@beaconoutreach.org)

