



PARTNERSHIP CONFIRMATION FORM



COMPANY / INDIVIDUAL

Company Name: Adress:		Contact Name:
		Phone:
Email:		ABN:
PARTNERSHIP OPTIO Premium Corporate I 1 year 2 years 3 years	Partner - \$25,000 per ann We would like to h	
 Operation Partner - 1 year 2 years 3 years 	☐ We would like host	a donation box articipate in volunteer sessions
• Campaign Partner 1 year 2 years 3 years	☐ We would like host	a donation box st a donation box across multiple locations
 Donation Box Spor 1 year 2 years 3 years 	☐ We would like host ☐ We will not host a k	a donation box for the two collection campaigns a donation box annually box but would like to support a donation box for a school or charity who like a donation box



