

Community Partnership Form



Community Partner Information (Please print or type)

| | | | |
|---|----------|---------|---------|
| Community Partner Name | | | |
| Billing Address | | | |
| City | | | |
| State | | | |
| ZIP Code | | | |
| Telephone (Business) | | | |
| Fax | | | |
| E-mail | | | |
| Contact Person | | | |
| Telephone (Contact Person) | | | |
| Community Partnership Level (Please Circle) | \$5,000* | \$3,500 | \$1,000 |

**\$1,500 of Community Partner gifts made at the \$5,000 level will go to the SCMF Annual Fund. This \$1,500 is 100% tax deductible as allowed by law.*

Community Partner Program Payment Information

This payment will be made (please check one): now in installments*

**If payment is to be made in installments, please contact Elizabeth Fortson at (803)898-4992 or Elizabeth.fortson@scmuseum.org to make arrangements.*

I (we) am (are) making this payment in the form of (please check one):

Cash Check MC/Visa Other

| | |
|----------------------|--|
| Credit Card Type | |
| Credit Card Number | |
| Expiration Date | |
| Authorized Signature | |

FOR \$3,500 COMMUNITY PARTNERS

Featured Community Partner Sponsor Program/Event: _____

| |
|--------------|
| Signature(s) |
| Date |

Please make checks, corporate matches, or other gifts payable to: S.C. Museum Foundation,
Attn: Community Partner Program, P.O. Box 11442, Columbia, SC 29211

Please note that donations to the SC Museum Foundation, the non-profit organization that supports and funds many State Museum events, exhibits, programs and projects, maybe eligible for a tax deduction as allowed by law, if you received no good or services for your donation.

Should excess funds remain upon completion of the project indicated above, the SC Museum Foundation shall use these excess funds at its discretion to support the State Museum.

We greatly appreciate your support!