

Partnership Contribution Form

All Partnerships must be received by August 30, 2011 to be included in print materials

Name of Business, Corporation of	or Individual	
Contact Person		
Address		
Phone	Fax	Email
I wish to choose the following Pa Hispanic Women's Network of Te	•	fiting the Fort Worth Chapter of the
□ Doctorate		
□ Masters		
☐ Bachelors		
☐ Associates		
☐ Other Amount		
THANK YOU FOR	R YOUR GENERO	OUS SUPPORT
Mail to: HWNT FW Chapter c/o Lucie Allen PO Box 1523 Fort Worth, TX 76101-1523	(Choose one: Check Enclosed: Ready to pick up on:
Or Contact: Lucie Allen, Vice Chair for Development	THIN THE PARTY OF	Hispanic Women's Network of Texas

214-802-9745

Promotes the advancement of women in public, corporate, and civic life