

FreeStar Foundation Annual Charity Partnership Application

Name of Organization: _____

Location: _____

(Street address)

(City), (State) (Zip)

Contact

Person _____

(Name)

Email

address: _____

Phone:

Are you a 501(C)3 Non-Profit? ___ Yes ___ No

Date Organized _____

Tax ID Number _____

Are you a Military or Community Based Non-Profit? Please specify:

Please provide the mission of your organization:

Please share highlights and measures of success of your organization over the last year.

Please describe how partnering with our Foundation will benefit your organization.

Eligibility Requirements:

The Foundation seeks to partner with organizations who demonstrate the following:

Must be a 501(c)3 organization in good standing.

Organization must be located in the communities we serve including Macomb, St. Clair, Oakland and Wayne counties within the State of Michigan.

Partnerships will be based on non-profit organizations that strive to strengthen, educate and build communities in the areas that we serve. Key elements should focus on supporting social welfare; providing essential services, including housing, food, education, access to support services, and rebuilding lives.

Guidelines:

The charity partner agrees:

- To coordinate a check presentation with representatives of the Foundation for publicity purposes.**
- To allow FreeStar Financial Foundation to publicize photos through media press releases, newsletters, website or other method to communicate the charity partnership.**
- If the Charity Partner has a social media presence they agree to recognize FreeStar Financial Foundation as a donor to their organization.**

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