SHEEPFOLD PARTNERSHIP FORM

Name				
Address				
Post Code				
Phone (Home)				
Phone (Mobile)				
Email:				
	Please selec	ct Project(s)	you would like to part	ner
Multimedia & TV	Inner-Ci	ty Mission	General Welfare	Meet-a-need
Please in	ndicate how	you would l	ike to Partner with Sh	eepfold UK
Type of Partnership Support		Describe / Specify Support		
I will make a Fixe Financial Contribution				
I will make a Fixed Monthly Financial Contribution				
I will make a Periodic/Regular Financial Contribution				
I will purchase of item	a required			
I will provide non-financial resources				

Other