

## COMMUNITY PARTNER FORM

*Please print or type clearly!*

On behalf of me/my group, I would like to affirm my/our commitment to Ending Homelessness in Asheville and Buncombe County. As a concerned stakeholder, I or my group will seek opportunities to:

- Invite Homeless Initiative staff to educate me/my group on the issues of homelessness.
- Invite friends, colleagues, and neighbors to join me.
- Work with other stakeholders to actively address the issues of homelessness.
- Participate in public discourse about homelessness in ways that foster thoughtful discussion and action.
- Inform decision makers of my/my group's participation in the process and my/our support of the 10-Year Plan.

My name is: \_\_\_\_\_

I represent:

Myself

A Group: \_\_\_\_\_

My contact information is:

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

My group's contact information is:

Director's Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

Please e-mail me newsletters and special event invitations (\*an environmentally friendly option!)

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