Community Partner Interest Form

Tell us how your organization would like to partner with MWCO.

FORM MWCO-702 | PARTNERS

Men & Women of Character Organization
A 501(c)(3) nonprofit serving Metropolitan Trenton, NJ since 2014
909-220-8589 | mwcorg@mwcorg.org | www.mwcotnj.org

MWCO partners with organizations, businesses, health providers, schools, faith communities, and brands that share our commitment to people, purpose, service, community, and impact. Tell us about your organization and how you would like to partner. This form starts the conversation; it is not a binding agreement.

1. ORGANIZATION INFORMATION

ORGANIZATION OR BUSINESS NAME | **WEBSITE** | **SOCIAL HANDLES**

TYPE OF ORGANIZATION

- ☐ Nonprofit
- ☐ Faith-based organization
- ☐ Regional or national brand
- ☐ Other
- ☐ Healthcare or health organization
- ☐ Government or public agency
- ☐ Civic, Greek, or social organization
- ☐ School or college
- ☐ Small or local business
- ☐ Media

CONTACT NAME | **TITLE** | **PHONE** | **EMAIL**

CITY / TOWN | **STATE** | **ZIP** | **AREAS OR COMMUNITIES YOU SERVE**

2. HOW WOULD YOU LIKE TO PARTNER?

Check all that apply

- ☐ Program partner (youth, adult, or elder programs)
- ☐ Health and wellness or screening partner
- ☐ Educational partner (presenters, workshops, mentors)
- ☐ Volunteer group (team service days)
- ☐ Media or promotional partner
- ☐ Event partner (exhibit or resource table)
- ☐ Brand partner (sampling or activation)
- ☐ In-kind donor (goods or services)
- ☐ Referral partner (share resources, refer participants)
- ☐ Other

PROGRAMS AND EVENTS OF INTEREST

- ☐ Serenity & Slay Expo
- ☐ Gents & Jewels of Character
- ☐ Elder programs
- ☐ Queen Fix Your Crown
- ☐ Youth programs
- ☐ Cool Aunts Club
- ☐ Hats N Heels
- ☐ Sharing Our Ruby Program
- ☐ Not sure yet

3. ABOUT THE PARTNERSHIP

WHAT DOES YOUR ORGANIZATION DO, AND WHO DO YOU SERVE?

WHAT CAN YOU OFFER MWCO? (SERVICES, RESOURCES, FUNDING, VOLUNTEERS, EXPERTISE)

We put our hearts in everything we do!

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FORM MWCO-702 | PARTNERS | CONTINUED

WHAT WOULD YOU LIKE TO ACHIEVE THROUGH THIS PARTNERSHIP?

PREFERRED TIMELINE

PRIOR WORK WITH MWCO (IF ANY)

4. NEXT STEPS

PREFERRED WAY TO CONNECT

- ☐ Phone call
- ☐ Text message
- ☐ Email
- ☐ Virtual meeting
- ☐ In-person meeting

BEST DAYS AND TIMES

HOW DID YOU HEAR ABOUT MWCO?

- ☐ I understand this form is an expression of interest and is not a binding agreement.
- ☐ I am authorized to speak for my organization, or I will confirm authorization before any agreement is made.

PRINTED NAME

SIGNATURE (TYPE YOUR NAME OR SIGN)

DATE

How to submit: email this completed form to **mwcorg@mwcorg.org**. Questions? Call 909-220-8589.

FOR MWCO USE ONLY

DATE RECEIVED

RECEIVED BY

ASSIGNED TO

FOLLOW-UP DATE

- ☐ Contacted
- ☐ Agreement sent
- ☐ Active partner
- ☐ Not a fit right now