



## CORPORATE PARTNER FORM

\_\_\_\_\_ (company name) has decided to make a difference in the lives of those individuals and families who have members who suffer from autism spectrum disorders.

Commencing this \_\_\_\_ day of \_\_\_\_\_ (month) of \_\_\_\_\_ (year) and through the period ending December 31, \_\_\_\_\_, we are offering those individual and family members of the "We Care" Friends of Families with Autism program the following benefits:

Upon presentation of a current "WE Care" membership card,

- Entrance discount of \_\_\_\_\_ (percent) for the Member or \$\_\_\_\_\_ price (Initial \_\_\_\_)
- Immediate Family Entrance discount of \_\_\_\_\_ (percent) for the Member or \$\_\_\_\_\_ price
- Member Annual Pass \_\_\_\_\_ (percent) discount or/ \$\_\_\_\_\_ Price (Initial \_\_\_\_\_)
- Immediate Family Member Annual Pass \_\_\_\_\_ (percent) discount or/ \$\_\_\_\_\_ Price (Initial \_\_\_\_\_)
- Immediate Family Member \_\_\_\_\_ (percent) Entrance Discount (initial \_\_\_\_)
- Attending Analyst or therapist may have free entrance to assist and/or work with member. (initial \_\_\_\_)
- Attending caregiver of aide may have free entrance to assist in the care of the Member. (initial \_\_\_\_\_)
- Food discount of \_\_\_\_\_ (percent) (initial \_\_\_\_\_)
- Merchandise discount of \_\_\_\_\_ (percent) (initial \_\_\_\_\_)
- Parking discount of \_\_\_\_\_ (percent) (initial \_\_\_\_\_)

In addition to the above, \_\_\_\_\_ (company name) would like to make a donation of \$\_\_\_\_\_ (US dollars). With this donation \_\_\_\_\_ (company name) company logo, name, link and description of company will be boldly listed on the Friends of Families with Autism website and social media for all visitors to see. Annual sponsorship renews as stated herein annually unless modified or terminated in writing 30 calendar days prior to renewal date.

\_\_\_\_\_ (company name)

Authorized Signature:

\_\_\_\_\_ (signature)

\_\_\_\_\_ (Printed name)

\_\_\_\_\_ (title)