



TUSKEGEE-MACON COUNTY HEAD START PROGRAM COMMUNITY PARTNERSHIP AGREEMENT

The Tuskegee-Macon County Head Start Program is required to form partnerships with other community resources/agencies. As a result of this requirement, the Tuskegee-Macon County Head Start Program invites you to become one of our partners. Our aim is to enhance the quality of life for our Head Start families, strengthen existing collaborations and promote access to services that will improve the well being of families and children in our community.

TO DONATE BY MAIL, PLEASE PRINT THIS FORM AND MAIL WITH YOUR CHECK OR ITEMS TO:

TUSKEGEE-MACON COUNTY HEAD START
103 W MARTIN LUTHER KING HWY.
TUSKEGEE, ALABAMA 36083

Name of Individual/Group/Organization (please print): _____

As a partner in this agreement, I/We will provide the following monetary gift, services, or goods (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Monetary Gift | <input type="checkbox"/> Toys (developmentally appropriate) |
| <input type="checkbox"/> Training | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Books |
| <input type="checkbox"/> Food | <input type="checkbox"/> Other |

For Monetary Gifts:

Enclosed is my/our gift of: \$ _____ (Make check payable to Tuskegee-Macon County Head Start)

For Services or Goods:

Specify items checked above, on the lines below.

Contact Person: _____

Address: _____ City _____ State _____ Zip _____

Home/Office Number: _____ Fax Number: _____

Cell Number: _____ Email Address: _____

I/We agree to the cooperative efforts within this agreement.

Signature of Community Representative

Date

Signature of Head Start – Representative

Date