**Wear It. Share It.**

**WEAVE to Work Donation Partner Program**

**Commitment Form**

Business/Organization:

Contact Person:

Address:

City: State: Zip:

Daytime Telephone: Email:

Commitment Level

⬜ Short-term Donation Drive ⬜ Ongoing Donation Drop Off Partner

Dates of Drive: \_\_\_/\_\_\_to \_\_\_/\_\_\_ Preferred Start Date of Partnership

 \_\_\_/\_\_\_

Preferred pick up date \_\_\_/\_\_\_

Will drive/drop off location be available to the public? ⬜ Yes ⬜ No

If yes, what are your business hours? Leave blank if business is closed

Sunday \_\_\_\_ to \_\_\_\_

Monday \_\_\_\_ to \_\_\_\_

Tuesday \_\_\_\_ to \_\_\_\_

Wednesday \_\_\_\_ to \_\_\_\_

Thursday \_\_\_\_ to \_\_\_\_

Friday \_\_\_\_ to \_\_\_\_

Saturday \_\_\_\_ to \_\_\_\_

Do you want WEAVE to promote your drive/partnerships? ⬜ Yes ⬜ No

If yes, please provide the following information

Website:

Twitter Handle: @

Facebook: [www.facebook.com/](http://www.facebook.com/)

LinkedIn Page: [www.linkedin.com/](http://www.linkedin.com/)

Instagram: @