



New Partnership

Social Venture Partners Arizona cultivates effective philanthropists, strengthens nonprofits, and invests in collaborative solutions. We take a venture capital approach to philanthropy, providing expertise and funding to emerging and growing local nonprofits that are working to make children successful.

All we see is potential.

WE ARE MAKING CHILDREN SUCCESSFUL.



EDUCATIONAL OPPORTUNITIES



SAFETY & SUPPORT



HEALTH & WELLNESS

Please complete the following form. Upon receipt, we will personally contact you for more detailed information and to discuss your interest area, philanthropic goals, and how your time & talent can best be matched to our work in the community.

Partnership Type

- Household (\$5,500)
- Corporate (\$5,500)
- Individual (\$3,000)
- Associate - under 45 (\$2,500)

Partner 1: _____ Email: _____ Phone: _____

Occupation: _____ Company: _____

Mailing Address:

Street Name	City	State	Zip Code
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For Household or Corporate, please complete the following:

Partner 2: _____ Email: _____ Phone: _____

Occupation: _____ Company: _____

**By leveraging our dollars together, we amplify our impact on the community.
We look forward to welcoming you to the partnership.**



Partner Annual Dues

Your partner dues help fund the collective grantmaking of the partnership as well as the implementation of our programs and philanthropy. We welcome additional donations to the impact area of your choosing:

\$_____ Educational Opportunities \$_____ Safety & Support
\$_____ Health & Wellness \$_____ Operational Expenses

Notes/Specifications for Gift: _____

Dues: \$_____ + Additional: \$_____ = Total \$_____

Payment Options

Payment can be made by Check, Credit Card, or Donor Advised Funds. Please include this Payment Voucher when submitting your first-year contribution; subsequent invoices will be mailed to you annually on or near your anniversary month.

- Check Enclosed (Payable to SVP, mail to address below.)
- Donor Advised Funds (Check here if you would like us to initiate an ACF Interfund transfer.)
- Contact me for wiring instructions or stock transfer
- Credit Card (Note: a standard 2.85% Fee will be included in all credit card charges. The fee will be applied to the first payment if a payment plan is selected.)

Card Type: _____ Card #: _____ Expiration: _____

Cardholder Signature: _____ Date: _____

Please charge my card:

- Annually Semi-Annually* Quarterly* Monthly*

* Contact SVPAZ to change or terminate credit card installments

Did you know? You can now make your partner contributions at: www.svpaz.org – select ‘Donate’.

**Questions? We are here to help.
Please contact Amy Armstrong: aarmstrong@svpaz.org
Thank you for your partnership.**