



Partnership Commitment Form

Simply check the box next to the partnership lane you would like to commit to, fill out your organization's information, sign this form, and return it along with a .jpeg or .png version of your logo to: partnerships@healingcitybaltimore.com.

Organization Name: _____

Organization Website: _____

Contact Name: _____

Contact Email: _____

Contact Phone: _____

My organization is committing to meeting the requirements of and working toward some of the recommendations of the following Healing City Baltimore partnership within the next year (CHECK ONE):

AFFILIATE

ALLY

ADVOCATE

AUTHORIZED SIGNATURE: _____

NAME: _____ DATE: _____