

**(NAME OF
CHAPTER)**

**SACNAS
COMMUNITY
GATHERING
PARTNERSHIP**



Insert Chapter Logo
Here

WHAT IS (INSERT CHAPTER NAME)?

Dear Potential Partner,

(insert cover letter here):

(Describe your chapters origins and mission)

(What the goal of this community gathering is)

(Why the company would benefit)

If you have any questions, comments, or require additional information about our organization, please do not hesitate to contact us at ().

Sincerely,

ABOUT US

HISTORY

(enter about us here):

(How the chapter started)
(How much the chapter grew)

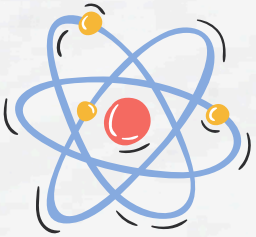
MISSION STATEMENT

(enter mission statement here)
(add a photo in this page!)

CHAPTER PILLARS



(insert chapter pillars/values here: What are your chapter goals and values? e.g. building community, developing pathways, cultural expression, etc.)



DEMOGRAPHICS

(insert graphics that show your member demographics:
Majors, career levels, # of members, etc.)

CHAPTER PROGRAMING



Insert your chapter programs here (professional development, community outreach, etc)



COMMUNITY GATHERING PARTNERSHIP

PARTNER WITH (SACNAS CHAPTER)

(describe what the company will benefit from this community gathering - detailed description of what a community gathering is and how they would be represented)

(Required: Please ensure you state that they are partnering with your SACNAS Chapter, not the national organization.)

(feel free to add in links from the SACNAS chapter website.)

Consider adding dollar amounts the company can donate and what sort of benefits that would go along with that amount Ex) for \$500 we will include your logo on decor and handouts. For \$100 we will include your logo, verbally thank you during opening and closing sessions. etc.

THANKS FOR SUPPORTING SACNISTAS

Partner,

(insert thank you letter):
(how impactful your support would be)

Partner Signature Here:

Date:

SACNAS Chapter Community Gathering Point of Contact Signature:

Date:

Thank you for your consideration and generosity. We are excited to bring you all aboard. You are now honorary members of our SACNISTA community!

SACNAS (INSERT CHAPTER NAME) COMMUNITY GATHERING PARTNERSHIP FORM

COMPANY/PARTNER NAME: _____

CONTACT PERSON: _____

E-MAIL: _____

PHONE NUMBER: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PAYMENT FORM:

CHECK (PLEASE MAKE CHECK OUT TO ____)
CHECK NO. _____

CREDIT CARD: ☐ **AMERICAN EXPRESS** ☐ **VISA/MASTERCARD** ☐ **DISCOVER**

CARD NO. _____

CVC NO./SECURITY CODE: _____

EXP. DATE: _____

SIGNATURE: _____

THANK YOU!

