



**New Horizons Learning Center Mentor Program
Business Partner / Donation Form**

- I would like to make a donation as an individual.
 I would like to make a donation as a Business Partner.

Please Print:

Title: _____ Full Name: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ FAX: (____) _____

Donation* Level: Platinum (\$1000 and up) Gold (\$500 - \$999)
 Silver (\$100 - \$499) Bronze (up to \$99)

Amount Enclosed: \$_____

Business Web Site: _____

Email: _____

Make check payable to "New Horizons Learning Center."*
Please designate "Mentor Program" on the check.

Mail to: New Horizons Learning Center Mentor Program
 3200 Minnesota Avenue
 Panama City, FL 32405

I would like to designate my donation for a specific purpose/event:

