

Letter of Intent

CHES, Inc. Affiliation/Partnership

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip** _____

Phone: _____ **Ext:** _____

Website: _____

Contact Name: _____

Title: _____

Phone _____ **Email:** _____

Year Established: _____ **501(c)(3)** **Yes** **No**

List the Services Your Organization Provides

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Briefly Explain Your Interest in Partnering with CHES, Inc.

Fax to 816-521-6840 or Email to ronf@chesinc.org