

**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.**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Fax to 816-521-6840 or Email to [ronf@chesinc.org](mailto:ronf@chesinc.org)**