



Community West Foundation

"Illuminating Hope"

Colleagues Program

1. ORGANIZATION INFORMATION

a. Name of Organization

b. Address

c. Phone Number:

d. Fax Number:

2. DIRECTOR INFORMATION

a. Executive Director:

b. Your Name and Role in the Organization:

c. Your Email Address:

3. MISSION STATEMENT/ORGANIZATION WEB SITE URL/SUMMARY/PROGRAM SPOTLIGHT

a. Mission Statement:

b. Web Site URL: **http://**

c. Summary (A brief description (thirty words or less) of how the organization is making a difference in our community):

d. Program Spotlight – Client story or other accomplishments:

I understand that the Community West Foundation may use the information/story to publish in newspaper articles, or other appropriate multimedia format.

4. SIGNATURE

a. *Signature: _____ Date: _____

b. * Please print Name and Title: