



North-South Partnership for Children

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Caring for children in remote First Nation communities

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Mamow Sha-way-gi-kay-win

CONTACT DETAILS

(You can type in the form. All information is kept private and used only for Partnership purposes.)

Name	
Address	
Phone/Fax number	
E-mail Address	

YOUR INTERESTS

Are you interested in making a financial donation?	<input type="checkbox"/> Yes <input type="checkbox"/> No Perhaps later. Tell me more <input type="checkbox"/>								
Are you interested in donating goods? (e.g., food, clothing, furniture, construction material, other?)	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: <input style="width: 100%;" type="text"/>								
Are you interested in donating time/expertise? If yes, what is your availability? (e.g., Able to attend meetings? Work only from home? Travel north?, For how long? .etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input style="width: 100%; height: 60px;" type="text"/>								
What area(s) interest you? (please number all that apply by priority, starting with 1 for highest interest)	<table border="0"> <tr> <td><input type="checkbox"/> Children and Youth Programs</td> <td><input type="checkbox"/> Healing and Counseling</td> </tr> <tr> <td><input type="checkbox"/> Economic Development</td> <td><input type="checkbox"/> Advocacy</td> </tr> <tr> <td><input type="checkbox"/> Infrastructure (incl. housing)</td> <td><input type="checkbox"/> Communications (incl. media)</td> </tr> <tr> <td><input type="checkbox"/> Fundraising and Donations</td> <td><input type="checkbox"/> Other? (please explain)</td> </tr> </table>	<input type="checkbox"/> Children and Youth Programs	<input type="checkbox"/> Healing and Counseling	<input type="checkbox"/> Economic Development	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Infrastructure (incl. housing)	<input type="checkbox"/> Communications (incl. media)	<input type="checkbox"/> Fundraising and Donations	<input type="checkbox"/> Other? (please explain)
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<input type="checkbox"/> Fundraising and Donations	<input type="checkbox"/> Other? (please explain)								
Please explain your area(s) of expertise and the type of support you would like to offer.	<input style="width: 100%; height: 40px;" type="text"/>								
Are you able to cover any or all costs that may be associated with your work? (e.g., travel and accommodation)	<input type="checkbox"/> Yes <input type="checkbox"/> No Details (if required): <input style="width: 100%;" type="text"/>								

OTHER

What has your contact been with the Partnership to date? (e.g., have you spoken to someone, made a donation?)	<input style="width: 100%; height: 60px;" type="text"/>
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