



Corporate Partnership Form

COMPANY INFORMATION

Company: _____

Contact Name & Title: _____

Address: _____

Phone: _____

Email Address: _____

Website: _____

PARTNERSHIP LEVELS

Monitory – Amount: K250 K500 K1000 K2500 K5000

Other: K_____

Internship

Provided: Once off Monthly Quarterly Yearly

Other (specify) _____

PAYMENT METHOD

Cheque (Make cheque payable to Kupes Young Womens Network Limited)

Bank Deposits – **Bank:** BancABC
Branch: BancABC House
Account Name: Kupes Young Womens Network Limited
Account Number: 2141860990013

Date: _____

Signature: _____

We value your partnership!!!

Tel: (+260) 955 587373

Plot 945 Nalikwanda Road, Woodlands, Lusaka

Email: admin@kupesnetwork.com | Website: www.kupesnetwork.com

Empower | Inspire | Motivate