



## COMMUNITY PARTNER CAMPAIGN

*Business Name:* \_\_\_\_\_

*Contact:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City/State/Zip:* \_\_\_\_\_

*Phone:* \_\_\_\_\_

*E-mail:* \_\_\_\_\_

Please enclose your \$50 annual membership fee and mail it to:

Lakewood Legacy Foundation  
1580 Yarrow Street  
Lakewood, CO 80214

As part of your membership, you will receive a Foundation sticker and acknowledgement on our website.

**THANKS FOR YOUR SUPPORT!**