

Mentoring Matters



Partnership Commitment Card

Organization _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Alt. Number _____ Email _____

I/We agree to become a **Mentoring Matters** partner, and will assist the *Institute* with the following:

- _____ Recruit adult volunteers
- _____ Distribute information
- _____ Display posters, brochures, pamphlets, etc.
- _____ Make referrals to the program



8730 Cherry Lane, Suite 16
Laurel, Maryland 20707
Office: 301.776.4294
www.iiiinc.org