

Partner Organization Information

Family Legacy Foundation seeks to expand our capacity through partnerships and collaboration. Leveraging your expertise, we are able to offer an inclusive suite of services to our mutual constituents. We are also able to expand the population that we serve. Please provide information regarding programs/services available as well as contact information. Please email completed information to trolland@flfchicago.org.



Organization Name:			
Address:			
What is your organization's specialty? <i>(check all that apply)</i>			
<input type="checkbox"/> Civil Rights	<input type="checkbox"/> Educational Opportunities	<input type="checkbox"/> Employment Opportunities	
<input type="checkbox"/> Financial Literacy	<input type="checkbox"/> Health / Mental Health	<input type="checkbox"/> Housing Information	
<input type="checkbox"/> Other (please specify):			
What population does your organization serve? <i>(check all that apply)</i>			
<input type="checkbox"/> Youth	<input type="checkbox"/> Adults	<input type="checkbox"/> Seniors	<input type="checkbox"/> Homeless
<input type="checkbox"/> LGBTTQQAAP	<input type="checkbox"/> Returning Citizens	<input type="checkbox"/> Veterans	
<input type="checkbox"/> Other (please specify):			
Program/Services	Contact Name	Contact Phone	Contact Email

Please use this space to for any other information that you would like to share:
