



# 2022 Cornerstone Partner Commitment Form

**Thank you for your commitment to support Sweetwater Mission**

We have made it easy for you to contribute on a monthly or quarterly basis. Scheduled payments provide a dependable stream of income that allows us to better assist families in need. Monthly or quarterly payments make it easier for you to budget your support.

Please check one:

**12 Monthly Payments**

**4 Quarterly Payments**

**1 Annual Payment**

- \_\_\_\_\_ \$417.00
- \_\_\_\_\_ \$834.00
- \_\_\_\_\_ \$1,250.00
- \_\_\_\_\_ \$2,084.00
- \_\_\_\_\_ \$ \_\_\_\_\_

- \_\_\_\_\_ \$1,250.00
- \_\_\_\_\_ \$2,500.00
- \_\_\_\_\_ \$3,750.00
- \_\_\_\_\_ \$6,250.00
- \_\_\_\_\_ \$ \_\_\_\_\_

- \_\_\_\_\_ \$5,000.00
- \_\_\_\_\_ \$10,000.00
- \_\_\_\_\_ \$15,000.00
- \_\_\_\_\_ \$25,000.00
- \_\_\_\_\_ \$ \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email completed form to [Debbie@SweetwaterMission.org](mailto:Debbie@SweetwaterMission.org)  
FAX to 770-948-5402 or mail to P.O. Box 802, Austell, GA 30168

*Sweetwater Mission, Inc. is a 501(c)(3) non-profit organization.  
All donations are tax deductible as allowed by law. Federal tax ID #58-1992771*