

CORNERSTONE ASSISTANCE NETWORK PARTNER INFORMATION

Cornerstone's mission is to unite with others in Christian love to meet the needs of people.

In order for us to partner with you more effectively, please provide contact information for your leadership, along with the person/persons who will be referring individuals for services/referrals.

Partner Name: _____

Are you a: Church Faith-Based Non Profit Non-Profit

Address: _____

Phone: _____ Website: _____

Organization Leadership Information:

Name: _____ Title: _____

Phone: _____ Email: _____

Referral Contact:

Name: _____ Title: _____

Phone: _____ Email: _____

Referral Contact:

Name: _____ Title: _____

Phone: _____ Email: _____

Please return completed form to:
Cornerstone Assistance Network, 3500 Noble Avenue, Fort Worth, TX 76111;
Fax: 817-632-6001; Email: info@canetwork.org

CORNERSTONE ASSISTANCE NETWORK PARTNER INFORMATION

PAGE 2

The top 3 services we provide are:

1. _____
2. _____
3. _____

The top 3 services we need to refer or resource:

1. _____
2. _____
3. _____

Partner Name: _____

Please return completed form to:
Cornerstone Assistance Network, 3500 Noble Avenue, Fort Worth, TX 76111;
Fax: 817-632-6001; Email: info@canetwork.org