



## PARTNERSHIP APPLICATION FORM

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New Partnership  Renewal

*\*Please note: the length of partnerships are 1 year, with the option to renew.*

### ORGANIZATION INFORMATION

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Organization Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Organization website: \_\_\_\_\_

Charitable number (if applicable): \_\_\_\_\_

### Contact person

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

Role in Organization: \_\_\_\_\_

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

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

## PARTNERSHIP DETAILS

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1. Please tell us about your organization, including your mission statement and objectives.  
*Please be specific as we would like to see how your goals align with Life After Stroke. Our mission statement can be found here ([link](#)).*

*Max. 250 words*

2. In what capacity would you like to partner with us? Please describe (number of people, proposed activities/partnership, time commitment, potential outcomes, etc.) and how this aligns with Life After Stroke's mandate.

*Max. 500 words.*

3. Please provide an overview of the benefits this partnership will provide to your organization and Life After Stroke.

*Max 250 words.*

*Thank you so much for your interest in supporting our cause. It is through donations and partnerships that we are able to support young brain injury survivors on their road to recovery. Forms will be reviewed by the board and you will be contacted within 10 business days.*

**Please send this form to:** boardofdirectors@lifeafterstroke.life

**If you require any further information or clarification regarding this application, please contact:**

Gina Srighanthan

Secretary

boardofdirectors@lifeafterstroke.life

(647) 525-7404