



Organization: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Type of Internship (ex. Marketing, nursing, etc.) _____

- We would like one or more interns placed with our organization. Please contact me.
- Yes! We will sponsor *Find Your Future*. Please accept our pledge or check made payable to *Kaleidoscope, Inc.* (*donations help pay interns' stipends and provide networking opportunities—see website or contact Abbie See for details*).
- We would like to know more. Please contact me regarding the program.
- We would like to host a workshop and/or networking event. Please contact me.

Sponsorships are tax deductible as a charitable contribution as allowed by law. Checks made payable to *Kaleidoscope, Inc.* can be mailed to the address below. Questions should be directed to:

Abbie See, Development Associate
Kaleidoscope, Inc.
1340 S. Damen Ave., Mezzanine
Chicago, IL 60608-1190
PHONE: 773-292-4027
FAX: 773-278-5663
asee@kaleidoscope4kids.org

This form may be downloaded at <http://www.findyourfutureprogram.com>

Thank you for your interest in *Find Your Future* interns!