



**GLOBUS  
RELIEF**

# APPLICATION FOR PARTNERSHIP

We are a medical resource humanitarian organization. We are committed to partnering with other charities, corporations and governments working to improve the delivery of healthcare across the world.  
PLEASE PROVIDE THE FOLLOWING INFORMATION SO WE CAN EXPEDITE AND QUALIFY YOUR PARTNERSHIP

DATE:

NAME OF ORGANIZATION:

NAME AND TITLE OF CONTACT PERSON:

MAILING ADDRESS:

PHONE:

FAX:

EMAIL:

PLEASE INCLUDE:

- 1) A copy of your 501(c)(3) designation or in-country equivalent
- 2) A copy of your most recent 990 tax form or in-country equivalent
- 3) A copy of your organizational chart including board of directors
- 4) Documentation of the following:
  - History, mission and purpose of the organization
  - General description of needed resources
  - Project goals
- 5) If intended for an international destination, include the following information:
  - Documentation of international shipping capability
- 6) Include any additional information that would assist us in evaluating this application, such as newsletters, pamphlets, annual report, etc.

Please return applications to:

**GLOBUS RELIEF**  
Attn: Humanitarian Services  
1775 West 1500 South  
Salt Lake City, UT 84104

or fax to: 801-977-3999  
Attn: Humanitarian Services

1775 WEST 1500 SOUTH, SALT LAKE CITY, UT 84104 . ph: 801-977-0444  
fx: 801-977-3999 . WWW.GLOBUSRELIEF.ORG