



HSM BACK TO LIFE

PARTNERSHIP RESPONSE & COMMITMENT FORM

Complete online at heavensentministries.org/hsmbl/partner.php or fill, print, and mail this form.

Two ways to respond

Online submissions receive a reference number and are recorded in the HSM Back to Life Back Office.
Paper forms may be mailed to P.O. Box 481, Aiken, SC 29802 and entered into the same record workflow.

1. ORGANIZATION / CONTACT INFORMATION

Organization / Business / Group Name

Organization Type

Contact Name

Title / Role

Phone

Email

Mailing Address

City

State

ZIP

2. HOW WOULD YOU LIKE TO PARTNER?

Check all that apply. Your response may include funding, in-kind resources, referrals, or another form of partnership.

- | | |
|--|--|
| ☐ Financial contribution / sponsorship | ☐ Professional / technical services |
| ☐ Partial / project-specific contribution | ☐ Technology / systems support |
| ☐ Vehicles / transportation support | ☐ Food / household / basic-needs supplies |
| ☐ Property / space / facility support | ☐ Volunteers / mentors / teams |
| ☐ Equipment / furnishings | ☐ Referral / introduction / funding lead |
| ☐ Employment / workforce opportunities | ☐ Other support or partnership |

Important

A meeting is not required. If you want one, you may request it on page 2 or through the website.



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Your response is routed through one accountable partner-response workflow.

3. COMMITMENT / RESOURCE DETAILS

Amount or Estimated Value (if applicable)

Expected Availability / Date

Describe the funding, resource, service, opportunity, or partnership you are offering

Restrictions, designation, location, eligibility conditions, or other important terms (if any)

4. RESPONSE PREFERENCES

☐ Email is preferred for follow-up

☐ Phone is preferred for follow-up

☐ I would like to request a meeting with HSM Back to Life

☐ No meeting needed - proceed by email / form response

Best time / scheduling notes (only if you requested a meeting or call)

5. AUTHORIZATION / CONTACT PERMISSION

☐ HSM Back to Life may contact me / my organization regarding this response.

Authorized Name

Title / Role

Signature (typed name accepted for electronic completion)

Date

SUBMIT OR MAIL

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Submit online: <https://heavensentministries.org/hsmctl/partner.php>

Mail: HSM Back to Life | P.O. Box 481 | Aiken, SC 29802