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**[Organization Name] & AmpliFund Partnership**

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**[Organization Name] Selected AmpliFund to solve these challenges:**

**1.**

**2.**

**3.**

**[Organization Name] Internal Key Contacts for Partnership:**

**Executive Sponsor:** Name, Title

**Project Manager:** Name, Title

**Upcoming Key Milestones and/or Trainings:**

**Key Milestone:** Topic / Date

**Training:** Topic / Date