

Corporate Partnership Agreement

Yes, I would like to be a Corporate Partner with Bishop Ryan Catholic School!

Please select your level of partnership:

☐ **GOLD** (\$10,000+)

☐ **PURPLE** (\$5,000-\$9,999)

☐ **WHITE** (\$2,500-\$4,999)

☐ **PRIDE** (\$1,000-\$2,499)

Organization or Business: _____

Contact: _____ Title: _____

Phone number: _____ Email address: _____

My preferred method of contact is via: ☐ phone ☐ email ☐ text ☐ mail

Mailing Address: _____

PAYMENT INFORMATION

I would like my payments to be scheduled: ☐ one time ☐ semi-annually ☐ quarterly ☐ monthly

☐ Please charge my credit card.

Card number: _____

Expiration (mm/yy): _____ CVV: _____

Amount to be charged: _____

☐ I've enclosed a check payable to BRCS.

Amount enclosed: _____

☐ Trade Services (Trade agreement details listed here):

Accepted and agreed by: _____ Date: _____

Thank you from all of us at Bishop Ryan Catholic School!