



APPLICATION

If you have questions or need additional information before completing this form, please call 251-432-8244.

I hereby establish a Business Partnership with St. Mary Catholic School, for the school year period of: September 2004 until September 2005.

ACCOUNT INFORMATION:

Legal Business Name: _____

Address: _____

City / State / Zip: _____

Contact Person at your Company: _____

Phone: _____ Fax: _____

Would you like to be contacted via email? YES NO Email: _____

Business Type: Corporation Partnership Sole Proprietorship Other _____

Nature of Your Business: _____

Year Business Started: _____ Date Incorporated: _____

Employer Identification Number: _____ Business Tax Year Ends: _____

Number of Employees: _____

Are you, or is someone at your business, a St. Mary Catholic School Parent? YES NO

Name _____

Are you, or is someone at your business, a St. Mary Catholic Church Parishioner? YES NO

Name _____

Who did you talk with about the St. Mary Business Partner Program?

Your Contact's Name: _____ Phone#: _____

My tax-deductible contribution for the 2004-2005 school year will be:

PLATINUM \$ 10,000 or over

Attached is a check

GOLD \$ 5,000 to \$ 9,999

Other _____

SILVER \$ 1,000 to \$ 4,999

BRONZE \$ 500 to \$ 999

Signature: _____

Please Print Name / Title: _____ Date: _____

Send Completed Form to: **ST. MARY DEVELOPMENT OFFICE**
106 PROVIDENCE ST, MOBILE, AL 36604

Or Fax Completed Form to: **(251) 432-1009**

Thank you for your investment in St. Mary Catholic School's future. You will receive a Confirmation Statement in the mail.