



Business Partner Enrollment Form

Date _____

Business Name _____

Type of business _____

Represented by _____

Address _____

Phone: _____ E-mail _____

Signature _____

Amount of dues remitted to: Summit View Elementary PTA \$ _____.

Partnership expires one year from date paid. **Renewal** **New**

**OUR PTA is a 501(c)(3) NON PROFIT. BUSINESS PARTNER DONATIONS ARE TAX DEDUCTIBLE
SVE PTA Federal Tax ID #61-1764350**

Please submit completed enrollment form with proof of payment to sverocks@gmail.com.

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For PTA use only:

Date received _____

Amount received \$ _____ PayPal Check Check # _____

Amount to be remitted to Colorado PTA - \$ 10.00

Amount to be used by Summit View Elementary PTA for projects or programs to benefit the children of the school \$ _____.

(Please duplicate the above portion and send it, along with ten dollars (\$10) and the cover submittal form [F4] to Colorado PTA **immediately**: 7859 W. 38th Avenue, Wheat Ridge, CO 80033. A certificate will be returned to you for presentation. Duplicate entire form as necessary. If submitting multiple businesses, please submit the names electronically, to expedite certificate processing.)
