



# Business Partners

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Title \_\_\_\_\_

Years at Co. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Affiliation with SHA \_\_\_\_\_

Please describe your business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed donation or discount to Sacred Heart Academy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Depending on your type of business, our Business Partners are asked to either provide a discount to the Sacred Heart Academy client (family, faculty member, or referred client), or provide a donation back to the Academy when a SHA family or referral uses your services.