

## Partnership Agreement Form

Business/Organization Name: \_\_\_\_\_

Business/Organization Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Your Name (if different from contact name): \_\_\_\_\_

\_\_\_\_\_ agrees to partner with Springfield Sharefest in the following way(s):

**Business/Organization Name**

☐ Donate the following item(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Give a tax-deductible financial contribution in the amount of \$\_\_\_\_\_.

Contact Signature: \_\_\_\_\_

By becoming a Sharefest partner, your business/organization will be:

1. Listed as a partner on the Springfield Sharefest website
2. Included in Springfield Sharefest future print materials
3. Recognized via signage outside of the school building during Harvard Park's Extreme School Makeover.

Thank you for impacting our community by partnering with Springfield Sharefest.