

# Business Partner Agreement

## Parsons Elementary PTA

Business Name\_\_\_\_\_

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

Contact Position \_\_\_\_\_

Address\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Phone Number\_\_\_\_\_

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

Website (if your Business has one)\_\_\_\_\_

### Parsons Pride Commitment:

<b>Platinum Level</b>	<b>\$400.00</b>	_____
<b>Gold Level</b>	<b>\$250.00</b>	_____
<b>Silver Level</b>	<b>\$150.00</b>	_____
<b>Bronze Level</b>	<b>\$ 50.00</b>	_____

If Platinum or Gold Level, do you want a Plaque for your business? Yes No (please circle)

Brief Description of your  
business\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have a child at Parsons, please indicate child's name, grade and teacher

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Signature of Business Partner \_\_\_\_\_

Date\_\_\_\_\_

### Parsons PTA Contact

Susie Pittman  
Business Partner Committee Chair  
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678-521-3749 cell susiep64@bellsouth.net