



## 20\_\_ - 20\_\_ BUSINESS PARTNER PROFILE

### CONTACT INFORMATION

BUSINESS NAME: \_\_\_\_\_ BUSINESS ADDRESS: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_ BUSINESS CONTACT: \_\_\_\_\_  
 ZIP CODE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
 BUSINESS WEB SITE: \_\_\_\_\_

### BUSINESS SUMMARY

What is the nature of your business?

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Would your business be interested in making a presentation at a Partners in Education meeting?

Briefly describe your topic

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Would your business be interested in sponsoring food/snacks at a Partners in Education meeting?

Yes  No

Would your business allow the district to place your logo on our website for marketing purposes?

Yes  No

What type of partnerships is your business /employees interested in

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Monetary Donations  | <input type="checkbox"/> Fundraisers  | <input type="checkbox"/> In-Kind Donations |
| <input type="checkbox"/> Community Education | <input type="checkbox"/> Volunteerism | <input type="checkbox"/> Sponsorships      |

What type of partnerships is your business /employees interested in

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Public Relations                    | <input type="checkbox"/> Praise and Recognition | <input type="checkbox"/> Volunteerism |
| <input type="checkbox"/> Use of School/Department Facilities | <input type="checkbox"/> Student Performance    |                                       |

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