

Business Partners Registration Form

Business name: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____ Email: _____

Desired Package: Heritage \$13,500 _____ Legacy \$7,850 _____ *Payment Method:*
Leadership \$4,950 _____ Blazer \$2,500 _____ _____ Credit Card _____ Check

Name on Card _____ Exp. Date _____

Card Number _____ CVV _____

Signature _____

For more information, please contact **Annette Hill** at 941-371-6481 or ahill@sarasotachristian.org

Please return completed registration to:

SCS Advancement Office – 5415 Bahia Vista St. Sarasota, FL 34232 or Fax: (941) 371-0898