

"Business for PTA" Arvada High School PTSA
Business Partner Enrollment Form

Date: _____
Business Name: _____
Type of Business: _____
Represented by: _____
Address: _____
Phone: _____ E-mail: _____
Signature: _____

Amount of dues remitted to Arvada High School PTSA \$ 25.00.

Partnership expires one year from date paid. Renewal New

OUR PTA is 501(c) (3) NON PROFIT. BUSINESS PARTNERS ARE TAX DEDUCTIBLE

For PTA/PTSA use only:

Date received _____ Amount received \$ _____

Amount to be remitted to Colorado PTA - \$ 10.00

Amount to be used by Arvada High School PTSA for projects or programs to benefit the children of the school \$ 15.00.

(Please duplicate the above portion and send it, along with ten dollars (\$10) and the cover submittal form [F4] to Colorado PTA **immediately**: 7859 W. 38th Avenue, Wheat Ridge, CO 80033. A certificate will be returned to you for presentation. Duplicate entire form as necessary. If submitting multiple businesses, please submit the names electronically, to expedite certificate processing.)

Receipt for Business Partnership
(Leave with "Business for PTA" member)

\$ _____ received from _____ representing
(Name of person)

_____ for one "Business for PTA" partnership in

Arvada High School PTSA

Date: _____ By: _____
(Name of PTA/PTSA Board Member)
