



## Talbot Interfaith Shelter Business Partnership Plan

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

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business Partnership Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Partnership Level Requested:

- **Foundation** (\$240/year) \_\_\_\_\_
- **Open Doors** (\$600/year) \_\_\_\_\_
- **Home Builder** (\$1,200/year) \_\_\_\_\_
- **Raise the Roof** (\$2,400/year) \_\_\_\_\_
- **Lifetime** (\$10,000 once) \_\_\_\_\_

### Payment Plan:

- |                    |                   |             |
|--------------------|-------------------|-------------|
| • <b>Annually</b>  | Credit Card _____ | Check _____ |
| • <b>Monthly</b>   | Credit Card _____ | Check _____ |
| • <b>Quarterly</b> | Credit Card _____ | Check _____ |

By signing this document, the Business Partner agrees to provide payment in a timely manner based on the selected payment plan. In exchange, Talbot Interfaith Shelter agrees to provide the stated benefits at their selected Partnership Level. The Partnership will be valid for one year.

\_\_\_\_\_  
Business Partner Representative

\_\_\_\_\_  
Talbot Interfaith Shelter Representative

**\*If there are any questions, contact Julie Lowe at [julielowe@talbotinterfaithshelter.org](mailto:julielowe@talbotinterfaithshelter.org) or 410-310-2316**