



2018 Community Business Partner Agreement

Business Name _____

Primary Contact Name _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Address (if different from above) _____

City _____ State _____ Zip _____

Phone _____ Email _____

Website _____

In support of *The Foundation of Brunswick Community College*, I agree to a payment of

\$100 /1 Year OR \$250 /3 Years

for recognition as a BCCF Community Business Partner.

Signature

Date

Printed Name

Checks may be made payable to: Brunswick Community College Foundation.

Please call 910-755-7473 and speak to Kathy Lukacz to pay with a credit card.

Agreement Confirmed by BCCF Board Member: _____