

Community Partner Agreement

The signatures below indicate a partnership agreement between _____ and Saint Stephen's Episcopal School for the 2025-26 school year. Expectations for each party are outlined in the contract. **Please scan and return the signed agreement to Elizabeth Krupnick at ekrupnick@saintstephens.org**

Please indicate your Community Partnership level

- | | |
|---|--|
| <input type="checkbox"/> Diamond Partner (\$8,000) | <input type="checkbox"/> Gold Partner (\$4,000) |
| <input type="checkbox"/> Platinum Partner (\$6,000) | <input type="checkbox"/> Green Partner (\$2,500) |

Organization name (how you would like to be recognized in printed promotional materials):

Name of Organization: _____

Primary Contact: _____

Contact Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Authorized Signature

Date

Payment Options

- ☐ I've enclosed a check payable to Saint Stephen's Episcopal School for the sponsorship amount
- ☐ Please invoice me
- ☐ Charge my card for the sponsorship amount (Visa, MasterCard, Discover, American Express)

Name on Card: _____

Card Number: _____

Exp. Date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____