

**St. Patrick's
Parish Business Services (P.B.S.)
Membership Form**

Business

Name: _____
(As you would like it to appear in the directory)

Address: _____
Address City State Zip

Contact: _____
Name Phone Email

Brief description of the service your business offers:

Please check your business type:

- | | |
|--|---|
| <input type="checkbox"/> Automotive (Detailing, Repair, Sales) | <input type="checkbox"/> Business/Computer Services |
| <input type="checkbox"/> Financial Services (Investment, Insurance, Etc..) | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Home Service (Lawn, Remodeling ,Etc..) | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Personal Service (Hair, Fitness, Etc..) | <input type="checkbox"/> Real Estate (Sales, Etc..) |
| <input type="checkbox"/> Restaurant/Food | <input type="checkbox"/> Retail – Store |
| <input type="checkbox"/> Retail – Home-based (Pampered Chef, Mary Kay, Tastefully Simple, Etc..) | |

Please check one:

- I plan to donate _____% of St. Patrick's P.B.S. Business to the capital campaign.
 I would like to discuss having a regular "St. Patrick's Day" at my business where _____% would be donated to the capital campaign.

I will contribute proceeds (Please check one):

- Monthly Quarterly Yearly As business occurs

By signing this form, I agree to donate a portion of the revenue I generate through the P.B.S. program to St. Patrick's Capital Campaign/building fund. I agree to have my business name and information listed in all P.B.S. promotional materials including, but not limited to a directory and the St. Patrick's Parish website.

Signature Date

Return form to: St. Patrick's Church, P.O. Box 10, Elkhorn, NE 68022 – Attn: Development Office