

St. Cloud Area Business Gives



2010 Enrollment Form

(Based on 2009 financial data)

YES, we qualify for participation in **St. Cloud Area Business Gives!**

Please specify a percentage for each type of giving (must total 100%).

_____ % Cash

_____ % In-kind (services and goods)

_____ % Employee volunteer hours (conducted during normal business hours)

Name of business as it will appear in any publication listing businesses giving 2%:

Business description as it will appear in any publication listing businesses giving 2%:

Executive contact (name and title):

Primary contact (name/title/phone/e-mail)

Business Profile

Industry Segment

- Business/Professional Services
- Finance/Insurance
- Retail/Personal Services
- Utilities/Transportation
- Hospitality/Entertainment

Organization Type

- Business
- Not for profit

Business Ownership

- Private
 - Public
 - N/A*
- (* i.e., limited liability partnerships)

Number of Employees

- < 25
- 20-99
- 100-499
- 500+

I hereby verify that the above information is factual.

Executive Signature: _____

Title: _____ Date: _____