



Annual Business Partners Membership Form

Business Name: _____
As you want it listed

Business Contact: _____
Desired destination link form Oak Grove website ABP Page

Business Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date: _____ Level/Amount: _____

Payment Enclosed

Please Invoice

Quarterly

Bi-Annual

Annual

Preferred Date: _____

Business Logo: To ensure we have an up to date logo please forward a **full color and one color logo** in .eps and .jpg format to kyra.sullivan@oakgrovelutheran.com

In an effort to match your Oak Grove ABP membership to your business we have a wide variety of opportunities to feature your business. Please review the list of incentives on our website under the Annual Buisness Partner page.

The options featured on the back of this form are based on a first come basis and are all limited in quantity. Desire for specific events and sports opponents will be honored when possible.

Please return completed form to:
Oak Grove Lutheran School
Attn: Shellie Simonson Ulven, Development Office
124 North Terrace
Fargo, ND 58102

Questions? Call Brent Wolf (701.373.7149), Shellie Simonson Ulven (701.373.7196) or Matthew Hallaway (701.373.7152)