

COMMUNITY CONNECTIONS...it's about Time

SPONSORSHIP Form

Business Name _____

Contact Name _____ E-Mail _____

Mailing Address _____

Telephone Phone _____ Website _____

Special Interests

Please describe your business, the types of services you provide and the likely areas you would utilize member services.

Please check off the statements below as you finish reading them.

- I understand *Community Connections* will conduct a background check on all members over the age of 18.
- I understand that *Community Connections* Members offer neighborly services to each other to the best of their ability and do not guarantee their work.
- I shall indemnify, defend, and hold harmless Plumas Rural Services from any claim or lawsuit arising from my participation in *Community Connections*.
- I understand that Members are not an employee or volunteer of Plumas Rural Services but Members of *Community Connections*.

Signature

Date

Print Full Name

The annual fee for a Sponsorship is \$100.00 and is not a tax deductible donation. Please make checks payable to **Plumas Rural Services** and return to 586 Jackson Street, Quincy CA 95971



PLUMAS RURAL SERVICES

Serving People, Strengthening Families, Building Communities