



## CCSD COMPANIES THAT CARE AGREEMENT

and

and enter into this agreement on to provide assistance, support, and services to one another and to enhance the education of the students at .

agrees to support with volunteer time, recognition and/or contributions to the following programs:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_

Additionally, , on occasion, can offer a new program of its own invention to . may, from time to time, have additional requests that will individually review and consider.

agrees to support by recognizing them in the following ways:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_

This agreement will automatically renew each year for no more than three-years. However, either party may end the agreement at anytime by contacting the other party. The agreement will be reviewed annually.

representative for the current school year is  
and the representative for the current school year is .  
If either of these contact people change, please contact the other party.

**COMPANY REPRESENTATIVE**

**SCHOOL REPRESENTATIVE**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Signature

A copy of this document will be submitted to the Cherokee County School District, P.O. Box 769, Canton, GA, 30169.

**CCSD APPROVAL:** Barbara P. Jacoby, Director, Public Information, Communications and Strategic Planning

X \_\_\_\_\_  
Signature

