

# PARTNER CONTACT INFORMATION

## 2023-2024

### GENERAL INFORMATION

Business Name:		
Business Address:		
City:	State:	Zip:

### PRESIDENT/CEO

Name:		
Address: (if different from above)		
City:	State:	Zip:
Phone: ( )	Extension:	
Email:		

### PARTNER LIASON

Name:		
Address: (if different from above)		
City:	State:	Zip:
Phone: ( )	Extension:	Fax:
Email:		

### WEBSITE LINK

Business website address:
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**Please return completed forms to:** Quincy School ~ Community Partnership  
Ms. Janice A. Erler  
34 Coddington Street  
Quincy, MA 02169

**THANK YOU FOR YOUR CONTINUED SUPPORT!**