

Silver SPRUCE Academy

Collaborator Contact Form



Collaborator Information

Date of Collaboration _____

Organization: _____ Contact Name: _____

Address: _____

Street (and PO Box)

City

State

Zip

Phone: () _____ ext: () Email: _____

Please list all items, time, and space use donated by collaborator on the back of this form.

Top Portion for SPRUCE Representative

Bottom Portion to Keep for Your Records.

Silver SPRUCE Academy, Inc.

silverspruceacademy.org

Mailing Address:

PO Box 966, Bayfield CO, 81122

970.759.3415



Thank you so much for accommodating Silver SPRUCE Academy today. We greatly appreciate being able to use you as a resource for our Classes/Educational Events. Please find our EIN# below if you need it for tax purposes. We would love to collaborate with you again in the future.

EIN# 46-355425

