



MHSA

The Donna Veatch Group  
Executive Services

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# Business Membership Recommendation Form

Head Start     Early Head Start     Other: \_\_\_\_\_

Program: \_\_\_\_\_

Director: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Director or Authorized Signature: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact Position/Title: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only**

Date received: \_\_\_\_\_ Date of Initial Contact: \_\_\_\_\_ Follow-up: \_\_\_\_\_

Notes: \_\_\_\_\_

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