

Corporate Partnership Commitment and Payment Form

Thank you for your commitment to partnering with us. Please complete this form to finalize your corporate partnership. Once completed, please print and return this form via mail or email.

1. Company Information

Company Name:	<input type="text"/>
Contact Person:	<input type="text"/>
Title / Position:	<input type="text"/>
Mailing Address:	<input type="text"/>
City, State, Zip:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Company Website:	<input type="text"/>

2. Partnership Level & Commitment

Please specify your desired partnership level or commitment amount below:

Partnership Level (e.g., Platinum, Gold, Silver):	<input type="text"/>
Commitment Amount (\$ USD):	<input type="text"/>
Specific Program or Initiative (Optional):	<input type="text"/>

3. Payment Method

Please indicate your preferred payment method and provide the necessary details:

Option A: Payment by Check

Check Number:	<input type="text"/>
Expected Mailing Date:	<input type="text"/>

Option B: Payment by Credit Card

Card Type (e.g., Visa, Mastercard, Amex):	<input type="text"/>
Name on Card:	<input type="text"/>
Card Number:	<input type="text"/>
Expiration Date (MM/YYYY):	<input type="text"/>
Security Code (CVV):	<input type="text"/>
Billing Zip/Postal Code:	<input type="text"/>

4. Authorization & Signature

By signing below, the undersigned authorized representative agrees to the corporate partnership commitment outlined above.

Authorized Representative Name:

Authorized Signature:

Date Signed (MM/DD/YYYY):

Please print this form and return it to our Partnership Coordinator. Thank you for your support!