



2026 CORPORATE PARTNER COMMITMENT FORM

Please submit your completed Commitment Form by December 19, 2025.

COMMUNITY CORPORATE PARTNER CONTACT INFORMATION

Business Name (as you want it to appear in recognition)

Business Address

Primary Contact Name

CEO (if not primary contact)

Primary Contact Email

Primary Contact Phone

COMMUNITY CORPORATE PARTNER COMMITMENT

Total Value of Gift: \$ _____

esp community: esp Athens esp Atlanta esp Rome esp Savannah

Other: _____

Corporate Partner Level

Celebrate
(\$20,000+)

Thrive
(\$10,000 - \$19,999)

Encourage
(\$5,000 - \$9,999)

Hope
(\$2,500 - \$4,999)

By signing below, the business agrees to remit payment as outlined in the Corporate Partner Fulfillment Plan and (if applicable) the Corporate Partner In-Kind Commitment Form. In turn, esp agrees to provide the Corporate Partner benefits from 1/1/2026 - 12/31/2026. The complete commitment form and business logo must be received by December 19, 2025 to receive the full Corporate Partner benefit package.

Business Representative Name

Business Representative Signature

Date

esp Officer Name

esp Officer Signature

Date

LOGO

Please send your logo in print-ready transparent .png or .eps vector art to marketing@espyouandme.org. If you are a returning Corporate Partner and would like us to use your logo that we have on file, please check the box below.

☐ **Yes! Please use the logo for my business previously provided to esp.**



2026 CORPORATE PARTNER FULFILLMENT PLAN

Business Name: _____

esp welcomes the fulfillment of your Community Corporate Partnership through cash, check, credit card, ACH/Wire Transfer, Stock, Crypto and/or in-kind donation. Indicate below the desired method to fulfill your Corporate Partnership. If you would like to use multiple methods (example in-kind + check), please indicate the value planned for each.

PAYMENT PLAN

Please select your preferred method of payment. If dividing payment between multiple methods, indicate the amount for each method.

- ☐ **Check.** I will mail a check payable to **ESP, Inc.** by _____ for \$_____ to: Extra Special People, Inc., PO Box 615, Watkinsville, GA 30677
- ☐ **ACH/Wire Transfer.** I will contact the esp Gift Accounting Department at gifts@espyouandme.org to set-up my transfer by _____ for \$_____
- ☐ **Crypto.** I will complete the stock transfer online at secure.infinitegiving.com/gift/ESP/crypto by _____ for \$_____
- ☐ **Stock.** I will complete the stock transfer online at secure.infinitegiving.com/gift/ESP/stock by _____ for \$_____
- ☐ **In-Kind.** I will provide in-kind goods/services to fulfill all or part of my Corporate Partnership. I understand that an approved Corporate Partner In-Kind Agreement must also be completed. The estimated fair market value of my in-kind donation is \$_____.
- ☐ **Credit Card.** I will complete the information below or call 706-769-9333 (speak to Sydney Laughlin) to complete my credit card payment. I understand all scheduled credit card payments must be completed by July 31, 2026.

Card Number

Expiration Date

Name on Card

CVV

Payment Terms. Our team will process your card based on the agreed upon schedule.

☐ One Time Payment: \$_____ on _____

☐ Split Payment: \$_____ on _____ and _____

☐ Other: _____