2027 CORPORATE PARTNER COMMITMENT FORM

Please submit your completed Commitment Form by December 4th, 2026.

COMMUNITY CORPORATE PARTNER CONTACT INFORMATION

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

Business Address

Business Representative (Employee completing the Corporate Partner agreement)

Primary Contact (Leadership team member that makes financial decisions on behalf of the company)

Primary Contact Email

Primary Contact Phone

COMMUNITY CORPORATE PARTNER COMMITMENT

Total Value of Gift: $ _____

Community: ☐ Athens ☐ Atlanta ☐ High Point ☐ Rome ☐ Savannah

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 2/1/2027 - 12/31/2027. The complete commitment form and business logo must be received by December 4, 2026 to receive the full Corporate Partner benefit package.

Business Representative Name

Business Representative Signature

Date

ESP Officer Name

ESP Officer Signature

Date

LOGO

*Please click the **2027 Logo Submission link** or scan the QR Code to submit your print-ready logo as a transparent .png or .eps vector file. If submitting a white logo, please provide a darker version or indicate on the form that ESP can add a darker background. If you need assistance with your logo or advertisement details, please provide your company's designated marketing contact in the form.*

2027 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.

COMMUNITY CORPORATE PARTNER 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 **$**_____*

☐ **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 submit payment via credit card using the **Corporate Partner Payment Link** or scanning the QR Code. I will submit my first payment by _____ for **$**_____*

I understand all scheduled credit card payments must be completed by July 31st, 2027.