

# PARTNER WITH US

Complete the form below, so we can begin collaborating!

## CONTACT INFORMATION

### Name

First Name

Last Name

Email Address

Confirm Email Address

Phone Number

## COMPANY INFORMATION

Company Name

### Address

Street Address Line 1

Street Address Line 2

City

State

ZIP / Postal Code

Annual Revenue:

Number of Locations:

Number of Employees:



## TYPE OF OPPORTUNITY

Check any boxes that apply to your interest:

Event sponsorship

Employee giving campaign

Percent (%) or portion of sale

Co-branded product

Recurring or one-time gift

Presentation to your business, club, or group

Employee-engagement/team-building experience

Customer giving campaign (e.g. round-up campaign)

Tree planting on your property

Anticipated Location(s):

Anticipated Gift Amount:

Anticipated Campaign Launch Date

Anticipated Campaign End Date

### Brief Description of Inquiry

*Please share more about your interest in collaborating with the Alliance*

How did you hear about the Alliance?

Do you have any additional questions for our team?