



## Business Partner Program

The Business Partner Program at Summit Leadership is built on our “*Three Wins*” value: the partnership should be good for your business, Summit, and our community.

We are looking for business leaders who agree with our mission, vision, and values to engage in the services of Summit Leadership to benefit their business while providing financial support for Summit. This financial support helps Summit Leadership achieve the third “win” through serving other non-profits, churches, and community projects. Our mission, vision, and values statements can be found on our website at [summitlife.org](http://summitlife.org)

### Financial Support Levels:

- \* Level 1 - \$100 per month
- \* Level 2 - \$250 per month
- \* Level 3 - \$500 per month
- \* Level 4 - \$1,000 per month
- \* Custom - organization determines

To join the Summit Leadership Business Partner Program, please complete the included form or contact Eric Myers at [eric@summitlife.org](mailto:eric@summitlife.org) or 423-283-7557 for more information. The program can be customized to meet the needs of your business.

To see the current Summit Business Partners list, visit [summitlife.org](http://summitlife.org), click “*Partners*” in the top menu bar, and select “*Business Partners*” in the dropdown menu.

Note: Summit Leadership also has a network of professional counselors available for our partner organizations on a sliding scale fee structure. For information about counseling services, contact Michele King at [michele@summitlife.org](mailto:michele@summitlife.org) or call 423-283-7557.

# Summit Business Partner Agreement

(Company Name): \_\_\_\_\_ is committed to supporting *Summit Leadership* as an underwriting partner at the level indicated below:

Level 1 - \$100 per month

Level 2 - \$250 per month

Level 3 - \$500 per month

Level 4 - \$1,000 per month

Custom - \$\_\_\_\_\_ per month

We want to become an underwriting partner at \$\_\_\_\_\_ per month and:

Our check is enclosed, or

We would like to set up a monthly ACH debit. Please complete the attached form.

Please contact me regarding ideas around “in-kind” donations.

We agree with the vision/mission and beliefs of Summit Leadership. We are participating in this partnership because it will benefit 1) our business, 2) our community, and 3) non-profits and ministries in our region.

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please send this completed “Business Partner Agreement” to:

**eric@summitlife.org**

or

**Summit Leadership**

**P.O. Box 3555**

**Johnson City, TN 37602**

If you have any questions or need further information, contact Danielle Puckett at (423) 342-3694 or [dpuckett@summitlife.org](mailto:dpuckett@summitlife.org)

## AUTHORIZATION AGREEMENT FOR DIRECT DEBIT (ACH DEBITS)

The purpose of this document is to gain authorization to provide the convenience of automatic electronic fund transfer for those donors who wish to support **Summit Leadership Foundation** at a set amount on a regular monthly basis without having to write a check each month. If you want to sign up for this automatic fund transfer service, please read and complete this form and return it to Summit Leadership Foundation. Thank you. (If you have any questions, please call Summit Leadership Foundation at 423-283-7557).

The following authorization is required to process your monthly donations: I (we) hereby authorize **Summit Leadership Foundation** to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our)  **checking** or  **savings** account as indicated below and the bank named below, to debit and/or credit the same to such account. I (we) also acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**BUSINESS/INDIVIDUAL(S) NAME** \_\_\_\_\_

**YOUR BANK NAME** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_

**ROUTING NUMBER** \_\_\_\_\_ **ACCOUNT NUMBER** \_\_\_\_\_

**Debit my (our) account indicated above in the amount of \$ \_\_\_\_\_ per month.**

**I (we) would prefer the transaction to take place (check one):**

**on or about the first day of the month**

**on or about the fifteenth of the month**

**I (we) would like transfers to begin \_\_\_\_\_ / \_\_\_\_\_ and end \_\_\_\_\_ / \_\_\_\_\_**

**“open”**

This authorization is to remain in full force and effect according to the terms stated above or until Summit Leadership Foundation has received written notification from me (or either of us) of its termination in such a manner as to afford Summit Leadership Foundation and the bank a reasonable opportunity to act on it.

**NAME(S)** \_\_\_\_\_

(PLEASE PRINT)

**DATE** \_\_\_\_\_

**SIGNED** \_\_\_\_\_