2026-27 Corporate Sponsor Information and Agreement

Sponsor Information

Please complete and submit the following Corporate Sponsor Information and Agreement form (and ACH Debits form, if applicable) so we may properly process your sponsorship. Please maintain a copy for your records.

Business Information

Business Name: _____

Business Address: _____

Business Phone: _____

Business Web Address: _____

Date submitted: _____/_____/_____

Primary Contact

Name (first/last): _____

Mailing Address: _____

Phone: _____

Email: _____

Please email fundraising@tcswv.org a high-resolution version of your business logo, word mark, or design EXACTLY as you would like it published.

Sponsorship Level

☐ Distinguished Warrior ($5000 one-time or $416 monthly

☐ Lead Warrior ($3000 one-time or $250 monthly)

☐ Courageous Warrior ($2000 one-time or $166 monthly)

☐ Honorable Warrior ($1000 one-time or $83 monthly)

☐ Esteemed Warrior ($10,000 one-time or $833 monthly)

☐ Prominent Warrior ($7,500 one-time or $625 monthly)

Total: $_____

I would like to submit payment:

☐ one-time, payment in full via Check #:_____ (to "Trinity Christian School")

☐ monthly over 12 months via ACH Debit *(please complete "ACH Debit" form)*

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Sponsorship Agreement

I agree to hold harmless Trinity Christian School and its board, administration, staff, students, and affiliates in the event the terms of this agreement are unmet or actions outside of its control disrupt the expected outcome/s. I understand Trinity Christian School and its administration and staff will make every effort to fulfill the terms of this agreement on time.

I understand Trinity Christian School reserves the right to deny any business a sponsorship opportunity that the administration deems incongruent with the school mission and values.

I understand this sponsorship agreement begins on August 31, 2026 and will terminate August 30, 2027.

I understand that I may opt to terminate this Sponsorship Agreement at any time but may not be entitled to a refund if ended before the termination date (August 30).

Signature: _____ Date: _____

Office use only: □ Paid □ Payment submitted to Finance Forms received by: _____

Consumer Authorization for Direct Deposit via ACH (ACH DEBITS)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize **Trinity Christian School** {"COMPANY") to electronically debit my (our) account (And, if necessary, electronically credit my (our) account to correct erroneous debits[1]) as follows:

☐ Checking Account / ☐ Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name: _____

Routing Number: _____ Account Number: _____

Amount (to be deducted monthly): $_____

Date(s) and/or frequency: ___Monthly on the 1st of each month___

I (we) understand that this authorization will remain in full force and effect until I (we) notify Trinity Christian School. [Should I (we) wish to revoke this authorization before the Sponsorship Agreement end date, it must be in writing. I (we) understand that Trinity Christian School requires at least [30 days] prior notice in order to cancel this authorization.[2]]

Name(s): _____
(Please print)

Signature(s): _____ Date: _____
(Please sign)

FOR ORGANIZATION USE ONLY

Note: Signed authorization must be retained for a period of two years following the termination of revocation of the authorization.

Date Received: _____ Processed by: _____

The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.

3/2015