

This organization partnership commitment is intended to provide a TOTAL of \$ _____ to the CEIR Foundation in support of research, education and scholarship programs.

This commitment will be paid according to the schedule below.

CEIRF Note: Payments may be made annually, semi-annually or quarterly. Please complete the following payment schedule with amounts intended by period and specific dates if required. Invoices will be sent by CEIRF with payment options included.

Year	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
2023				
2024				
2025				
2026				
2027				

Please indicate how you would prefer your company name to be listed for recognition purposes:

(NOTE: Amounts of \$25,000 USD or more are recognized with a company logo)

Additional Instructions: (Please indicate your URL for hyperlink of corporate logo from the CEIR Website)

Signature and Contact Information:

Signature: _____ Date: _____

Print Name: _____

Title: _____ Work Phone: _____

Company Name: _____

Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Accounting Contact (full name): _____

Accounting Contact Email: _____

CEIR Foundation Contact Information

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