



**EJAF CORPORATE PARTNERSHIP PROGRAM**  
**PARTNERSHIP PROPOSAL / INTAKE FORM**

Company Name	
Contact Name	
Title	
Phone	
Email	

Company Address Line 1			
Company Address Line 2			
City		State/Province	
Zip/Postal Code		Country	

Company URL	
Company Instagram Handle	
Please describe your company, including date launched, products/services offered, and a description of your average client or target market.	
Please describe your proposed EJAF-supporting program or product(s).	
How much will the item / product line / service retail for? If unknown, provide estimated price range.	



**ELTON JOHN  
AIDS FOUNDATION**

What percentage or dollar amount of every sale or transaction will be donated to EJAF?	
What is your guaranteed minimum donation to EJAF, regardless of sales?	
What is your desired start/end date for the promotion? E.g. year-round, Pride Month only	
How and where will the item(s) be distributed and marketed, and how will EJAF be incorporated into the marketing campaign?	
What do you expect from EJAF in support of your partnership?	
Has your company ever held a prior cause marketing campaign? If so, please describe a recent example.	
Other notes/comments:	

*By submitting your Partnership Proposal to EJAF, you acknowledge that your program is subject to EJAF's review in order to ascertain its compatibility with the EJAF Corporate Partnership Program. EJAF complies with US and UK laws as pertaining to cause marketing and charitable giving, and all Corporate Partners are required to meet these standards. Use of EJAF's name, registered logo and tagline is prohibited without a current, fully executed partnership agreement in place.*