

ExcelSave Partnership Request Form

Thank you for your interest in partnering with ExcelSave. We are committed to fostering meaningful collaborations that advance community health, wellness, and financial empowerment. Please complete the form below to help us understand your organization and partnership proposal.

SECTION 1: Organization Information

1. Organization Name:			
2. Website (if any):			
3. Business/Organization Type:			
\square Non-profit \square For-profit \square Government Agency			
☐ Educational Institution ☐ Healthcare Provider			
□ Insurance/Financial Services □ Other:			
4. Industry Focus / Area of Expertise:			
5. Contact Person Name:			
6. Position/Title:			
7. Phone Number:			
8. Email Address:			
9. Office Address:			



SECTION 2: Partnership Proposal

10. Type of Partnership	Sought (check all that apply):
☐ Joint Health or CPR/B	LS Training Programs
☐ Community Outreach	or Awareness Campaigns
☐ Corporate Wellness W	/orkshops
☐ Financial Literacy or I	nsurance Education
☐ Sponsorship/Co-bran	ding Opportunities
☐ Research, Data, or Cor	ntent Collaboration
☐ Volunteer Mobilizatio	n
□ Other:	
11. Please describe the p	partnership idea or project:
(Include goals, audience, e	expected timeline, and proposed roles)
12. How does this partne	ership align with ExcelSave's mission of health and financial
empowerment?	
13. Desired Start Date of	f Partnership:
14. Estimated Duration	
□ One-time event	☐ Short-term (less than 6 months)
☐ Long-term/ongoing	□ Project-specific:



SECTION 3: Additional Information

15. Do you have previous exp	erience collaborating on similar initiatives?
□ Yes □ No	
If yes, briefly describe:	
16. Supporting Documents (o	ptional):
\square Organization profile	☐ Proposal/Project brief
☐ Flyer or brochure	□ Other:
(Attach files via email or uplo	
SECTION 4: Declarat	ion
I hereby affirm that the inform	mation provided above is accurate and that I am authorized to
propose a partnership on beh	nalf of the organization listed.
Name:	
Signature:	
Date:	
Submission Instructi	ions
Please submit this form via en	mail to: 🔟 info@excelsave.com
Or complete the online version	on at: