



SPONSORSHIP & DONATION REQUEST FORM

PLEASE COMPLETE ALL INFORMATION

Today's Date: _____

Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name of Contact: _____ Title or Position: _____

Phone Number: _____ Email Address: _____

Type of Organization: Non-profit Civic School Sports-related request Individual

Organization Website: _____

How long has this organization been in operation? _____

Tax Id# (or provide copy of the organization's 501(c)(3) designation letter) or School ID: _____

If your organization is not a school or 501(c)(3), please explain your organization's structure: _____

Description of event or program associated with donation, or purpose of request: _____

Event Date: _____ Event Location: _____ Approx. Attendance: _____

Type of donation requested: Garbage/Recycling Service Cash/Prize Explain: _____

Please describe any Sponsorship/Donation benefits: _____

Have we donated to your organization in the past? If yes, please describe donation and amount: _____

(For Internal Use) Date Received: _____ Approved: _____ Declined: _____ Reason: _____

Level of participation: _____

Contact Person Notified/Date: _____ Authorized By: _____