

SPONSORSHIP/DONATION REQUEST FORM

Organization/Group Name: _____

Contact Person & Title: _____

Phone Number: _____

Delta Co-op Membership Number: _____

Address (including Town): _____

Event requiring sponsorship: _____

Event Location: _____

Date of Event: _____

Type of donation & approximate value requested: _____

Date donation is required: _____

Audiences/Communities that this event will benefit: _____

Other sources of funding for this event: _____

What are the revenues going towards: _____

How will Delta Co-op be promoted as a sponsor/donor (please refer to our Donation Policy for a list of our preferred acknowledgement options): _____

Signature: _____ Date Submitted: _____

FOR INTERNAL USE ONLY

Received at (location): _____ Received by(Initials): _____

Approved/Declined (circle) by: _____ Value: _____

If request requires Administration or Board review/approval please forward to the office WITHOUT signing 'Approved/Declined' line.

Received by Admin (date): _____



Delta

*Requests must be submitted a minimum of ONE WEEK before event date.