



DONATION/SPONSORSHIP REQUEST

TODAY'S DATE: _____ NAME OF EVENT/ORGANIZATION: _____

REQUESTOR NAME: _____ TAX STATUS: _____ EIN: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____ WEBSITE: _____

HOW MANY YEARS FOR THE EVENT/ORGANIZATION ?

EVENT/ORGANIZATION SOCIAL MEDIA :

DISCRIBE THE EVENT/ORGANIZATION PURPOSE INCLUDING MEMBERSHIP:

WHAT ARE YOU REQUESTING? _____

DATE/TIME OF THE EVENT: _____ **FREQUENCY OF THE EVENT:** _____

WHAT COMES WITH THIS DONATION? (i.e. publicity, advertising space)

DATE DONATION REQUESTED BY?

(Note: All donation request must be made at least 30 days in advance to be considered)

Complete entire application and return to service@teknatool.com