



DONATION/SPONSORSHIP REQUEST FORM

Kindly submit your requests at least **30-60 days prior** to event's deadline. Please complete the form to the best of your ability and email to Laura.Lobar@mvgrrllc.com. If there is additional information, please submit that along with this document.

ORGANIZATION INFORMATION

Name of Organization: _____

Address: _____

Contact Name: _____ Website: _____

Email: _____ Phone: _____

501-c(3) Yes No If yes, please provide number _____

Mission Statement of Organization:

Cause/Beneficiary:

EVENT/DONATION INFORMATION

Event Date _____

Event Name: _____ RSVP Date _____

Event Location and Address: _____

Donation Request/Sponsorship Levels and Benefits:



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Have you received support from us in the past? Yes No

If yes, please provide details including dates and amounts:

Office Use Only

Donation Request Approved: Yes No Staff Name _____ Date _____

Comments