



## NON-PROFIT CHARITY SPONSORSHIP REQUEST FORM



DATE OF EVENT: \_\_\_\_\_

NAME OF BENEFICIARY ORGANIZATION: \_\_\_\_\_

POINT OF CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS OF ORGANIZATION: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_ CELL: \_\_\_\_\_

REQUESTOR E-MAIL: \_\_\_\_\_

TYPE OF ACTIVITY: \_\_\_\_\_

AMOUNT REQUESTED: \_\_\_\_\_

BRIEFLY EXPLAIN HOW THE FUNDS WILL BE USED: