## DONATION / SPONSORSHIP REQUEST FORM

Organization Name (Check Payment To): $\qquad$
For (Activity/Event/Group): $\qquad$
Mailing Address: $\qquad$
City: $\qquad$ State: $\qquad$ Zip: $\qquad$
Contact Name \& Title: $\qquad$
Contact Email: $\qquad$ Contact Phone: $\qquad$
Amount Requested: $\qquad$ Non-Profit Organization? ©Yes No

Is the activity for which the donation/sponsorship is sought non-political? ©Yes $\bigcirc$ No
Describe how the donation/sponsorship will benefit members from throughout BREA's service territory:

Describe how the organization will recognize BREA if a donation / sponsorship is provided:

Dates of Activity: $\qquad$ Anticipated Total \# of Participants: $\qquad$

Signature: $\qquad$ Date: $\qquad$
(Has your organization done business with BREA previously? If not, please submit a current W-9 with this form.)

## For Official Use Only:

Donation Approved:OYes or ONo
Budget Account \#: $\qquad$
Funding Area:
$\square$ Youth Activities
$\square$ Civic/Chamber
Community HealthCommunity EventSponsorship
$\qquad$
$\qquad$

