

www.bentonrea.org

DONATION / SPONSORSHIP REQUEST FORM

Organization Name (Check Payment To	D):	<u> </u>
For (Activity/Event/Group):		
Mailing Address:		
City:	State:	Zip:
Contact Name & Title:		
Contact Email:	Contact Phone:	
Amount Requested:	Non-Profit Organizatio	on? Yes No
Is the activity for which the donation/sp	onsorship is sought non-po	litical? Yes No
Describe how the donation/sponsorship service territory:	will benefit members from	throughout BREA's
ates of Activity: Anticipated Total # of Participants:		
gnature: Date: (Has your organization done business with BREA previously? If not, please submit a current W-9 with this form.)		
For	COfficial Use Only:	
Donation Approved: Yes or No	Budget Account #:	
Funding Area:	□ Youth Activities □ Community Event	
Approved By:	Date:	