

Donation / Sponsorship Request Form

Organization Name (Check Paym	nent to):	<u></u>	
For (Activity/Event/Group):			
Mailing Address:		· · · · · · · · · · · · · · · · · · ·	
City:	State:	Zip:	
Contact Name & Title:			
Contact Email:	Contact Pho	one:	
Amount Requested:	Non-Profit Organizat	ion Yes No	
Is the activity for which the donation	on/ sponsorship is sought non-political:	Yes No	
Describe how the donation/ spons territory:	sorship will benefit members from throug	hout BREA's service	
Describe how the organization wil	Il recognize BREA if a donation/ sponsor	rship is provided:	
Date(s) of Activity:	Anticipated Total # of Par	ticipants:	
Signature:	Date	Date:	
	For Official Use Only		
Donation Approved: Yes] No Budget Account #:	Budget Account #:	
Funding Area: Schools Yo	outh Activities 🗌 Civic/Chamber 🔲 Comm	unity Health	
Community E	vent Sponsorship		
Approved By:	Date:		
SUBMIT YOUR APPLICATION TO: Benton REA	Prosser Office West Richland Off	ïce	

402 7th St.

Prosser, WA 99350

Attn: Member Services

6095 W. Van Giesen St

West Richland, WA 99353