



DONATION | SPONSORSHIP REQUEST

FIRST NAME: _____ LAST NAME: _____
JOB TITLE: _____ COMPANY: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
E-MAIL ADDRESS: _____ ORGANIZATION WEBSITE: _____

ARE YOU REQUESTING A: _____ DONATION _____ SPONSORSHIP
_____ REQUEST PROMOTIONAL ITEMS OR PRIZES

OFFICIAL NAME OF EVENT: _____

YEARS IN EXISTENCE: _____

COMPANY OR ORGANIZATION OVERSEEING THE EVENT: _____

WHAT CATEGORY BEST DESCRIBES YOUR ORGANIZATION: _____

WHAT CATEGORY BEST DESCRIBES YOUR EVENT: _____

EVENT DATE(S): _____

EVENT LOCATION: _____

TOTAL ESTIMATED ON-SITE ATTENDANCE: _____

SPECIFIC REQUESTS/COMMENTS: _____

FOR GAR BENNETT, LLC USE ONLY:

REFERRED TO: _____	ACTION TAKEN: _____
NUMBER OF PROMOTIONAL ITEMS APPROVED: _____	DATE NEEDED: _____
DONATION AMOUNT APPROVED: _____	SPONSORSHIP LEVEL APPROVED: _____