## SPONSORSHIP & DONATION



**Date** 

## Request form

**Print name** 

Event name						
<b>Event date</b>	<b>Event time</b>		<b>Event location</b>			
Attendees needed	0	1	2	3	4	5+
Table/Tent needed	No	Table	Tent			
Organization hosting Eve	nt					
Organization or Event we	bsite					
Event description & benefit of SMCU Sponsoring or Donating:						
Sponsorship or Donation	amount	\$				
Checks payable address	for Marke	ting to mail c	heck:			
Payable to:						
Reference:						
Attention:						
Address:						
City, State, ZIP:						
Point of contact for Mark	eting (i.e. a	advertisemer	nts, logos, ad	ditional req	uirements)	
Name:						
Organization:						
Email:						
Phone:						
Please attach or supply Marketing with any and all collateral relative to the Sponsorship or Donation. Additionally, please note that checks may take up to 2–3 weeks to process.						

Sign name