

## **Sponsorship Request Form**

		Contact Information	1	
Full Name:				
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Address:	Street Address			Floor/Unit #
	City		PO	Вох
Phone (w):	•	Ph		<i>201</i>
E-mail Add	ress:			
	on Name: all cheques will be made p on summary or link to w	ayable to the organisation unless otherwise ebsite:	e agreed	
		Event / Programme Desc	ription	
Event / Pro	gramme Name:			
Date:		Location/s:		
Durmaga		Amount Requested:		
Purpose:	gramme Summary: Ple	ease feel free to attach additional info	ormation if more space	na is naadad
	<i>.</i>	anticipated Benefits to Recipient		
	<i>.</i>			
	<i>.</i>	anticipated Benefits to Recipient in the event/programme:	ts, Community	
Kindly list the	<i>.</i>	Anticipated Benefits to Recipient In the event/programme:  Cost of Event / Prograr	ts, Community	
Kindly list the Costs (printeger of the Costs (printeg	he benefits derived from ting, giveaways, event  Sponsorship Decision at by accepting contribut out the sponsorship in an	Anticipated Benefits to Recipient In the event/programme:  Cost of Event / Prograr	nme	nission for the Bank to us
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