

DONATION/SPONSORSHIP REQUEST FORM

All donation requests must be submitted at least 30 days prior to your event/campaign deadline. Please complete form below to the best of your ability, attach any documents/brochures for your event and email to jessica.yonkers@yelcot.com or fax to (870) 435-8250. All requests submitted will be reviewed and followed up with a response.

ORGANIZATION INFORMATION

Date Form Submitted:		ıbmitted:
Name of Organization:		
Checks made payable to:		
Mailing Address:		
City:	State:	Zip:
Contact Name:	Phone:	
Email:		
501-c(3): YES NO If yes, ple	ease provide number:	
Mission Statement of Organization (and/o	r description of to whom t	this donation will benefit):
EVI	ENT INFORMATION	V
		ent Date:
Event Name:		
Event Location:		
Website:		
DONATION REQUEST:		
Will YELCOT be acknowledged? YES	NO If yes, how? _	
YELCOT materials requested:		
Where to send YELCOT materials:		
Related to Yelcot Staff?: YES NO		
C	FFICE USE ONLY	
Request Approved: YES NO Other/Comments:		