



Sponsorship or Donation Request

Organization Name: _____

Organization URL: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Title: _____

Contact Email: _____

Contact Phone: _____

Name and Description of Event or Activity (or attach flyer)

501c3 Organization: YES _____ NO _____ ID# _____

Date of Activity: ____/____/____ through ____/____/____

For questions or more information, contact us at 815-284-8484 or event@saukvalleyevents.com.

Office Use Only:

Date Received: _____ Tax-Exempt: _____ Loyalty Program Member: _____

Staff Initial: _____ Date Reviewed: _____ Date Sent: _____ Denied _____

Previous Donation Date(s): _____