

## **Community Sponsorship/ Donation Request**

proper consideration. Requests are reviewed on a regular basis and considered based on the resources available at the time of the request.

Today's Date:	
Event/ Project Name:	
Event/ Project Date:	
	<del>-</del>
Goal/ Purpose of Project:	
Type of Request:	
Event Sponsorship	
Toothbrushes/ Toothpaste # of items r	equested
Other:	
How would you classify this event/program:	
Health/ Social Service	
Education/ School	
Community Event/ Organization	
Sports/ Hobbies	
Arts/ Culture	
Other:	
Expected number of attendees or people served by thi	s event/ project:
Please explain how this program will benefit our comn	nunity:
Contact Person:Address:	
Thank you for your request. Once received, we v	vill make every effort to respond in a timely fashion.
	E-mail: AbbyS@DJ4K.net
For C	Office Use:
Approved Not Approved Date:	Amount:
Date check sent: Other:	