



# DONATION / SPONSORSHIP / EVENT REQUEST

Hello, and thank you for thinking of us! Please fill out this form as completely as possible so that we'll have all of the info we need to evaluate your request. Please return the completed form to Jessica at Inland Networks; PO Box 171; Roslyn, WA 98941-0171 or fax to (509) 649-3300.

**TELL US ABOUT YOU**

Name of Organization or Event: \_\_\_\_\_

Your Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Other person to contact: \_\_\_\_\_ Contact #: \_\_\_\_\_

Date of Request: \_\_\_\_\_

**TELL US WHAT YOU'RE DOING AND WHAT YOU NEED**

Date of Event: \_\_\_\_\_

Please give a brief description of your organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What goal are you currently working to achieve and how will our participation help?:

\_\_\_\_\_

\_\_\_\_\_

Nature of Request: ( ) Financial \$ \_\_\_\_\_ ( ) Services (Complete 1-4 below):

1. What does Inland Networks need to supply? Please List: \_\_\_\_\_
2. When do you need it? \_\_\_\_\_ How long do you need it? \_\_\_\_\_
3. How many work hours (if applicable): \_\_\_\_\_
4. Entrance fee amount (if applicable): \_\_\_\_\_

Will we be included in any advertising? If so, what do we need to provide and when?

\_\_\_\_\_

\_\_\_\_\_

If the request is for a performance based pledge, please describe the term of the donation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGN**

Signature of person requesting services: \_\_\_\_\_

**OFFICE USE**

Recommended by: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Full Amount     Modified Amount: \_\_\_\_\_

Comments: \_\_\_\_\_