



www.pbpa6.org

DONATION REQUEST

DATE: _____

MEMBER NAME: _____

PHONE NUMBER: _____

ORGANIZATION TO SUPPORT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

DONATION AMOUNT REQUESTED: \$ _____

MAKE CHECK PAYABLE TO: _____

PURPOSE OF DONATION (BE SPECIFIC): _____

SPONSORSHIP COVERS EVENT REGISTRATION (SEE PAGE 2)

SPONSORSHIP COVERS EQUIPMENT (SEE PAGE 2)

SPONSORSHIP IS OVER \$500 (REQUIRES APPEARANCE AT MEETING)

SPONSORSHIP DETAILS

HOW WILL THE PB&PA BE REPRESENTED (EX: LOGO ON CLOTHING, BANNER, WEBSITE, ETC): _____

WHAT SPECIFIC EQUIPMENT WILL BE PURCHASED (RECEIPTS MAY BE REQUESTED): _____

[Type here]
MOTION: _____ SECOND: _____ VOTE: _____

APPROVED: _____ DENIED: _____ LACK OF MOTION: _____