



Donation and sponsorship request form

Organization: _____

Contact name: _____

Mailing address: _____

City/town: _____ Postal code: _____

Phone number: _____ Email: _____

Event date: _____ Sponsorship deadline: _____

What is the organization's relationship with EQUS?

- Member
- Supplier
- No formal relationship

Has EQUS sponsored/donated to your organization/event in the past? Yes No

If yes, when was the last year that your organization received a donation from EQUS? _____

Which service area does your event/activity involve?

- North Area (Onoway Area) _____
- Central Area (Innisfail Area) _____
- South Area (Claresholm Area) _____
- South Area (Bow Island Area) _____

Describe the event/activity and its purpose. What benefit will the community derive from this event/activity?

How many people do you expect at the event? _____

Who is your target audience? _____

Which focus area does your project align with?

- Foster growth and development of youth
- Encourage community development (social or infrastructure advancement)
- Supporting the underprivileged
- Environment
- Energy conservation

Describe the purpose of the donation and clearly outline how the event/activity meets the donations guidelines.

Requested level of support

- 1-500
- 501-1000
- 1001-2000
- 2001 and above

How will EQUUS' sponsorship be recognized?

- On-site visibility (signage, banners, printed materials)
- Advertising (radio, print, digital, etc.)
- Social media presence (Facebook, Twitter, Instagram, etc.)
- Website links
- Public relations (media releases)
- Display booth
- Promotional items in participant's bags
- Opportunities to speak at event
- Free tickets to the event

What do you require from EQUUS to support sponsor recognition?

- Logo
- Company information
- Promotional items
- Banners
- Other

When are the items required? _____

Will EQUUS be provided?

- Copies of marketing materials featuring EQUUS
- Photos of event/activity
- Post event report

List any additional relevant information and comments.

To the best of my knowledge, the above information is correct and if the donation/sponsorship is approved, all items and/or money will be used solely and expressly for the purpose listed.

I understand that I am hereby giving EQUUS permission to use information on this donation/sponsorship in any EQUUS publications and promotional materials.

Signature

Date

Completed forms and letter can be faxed, emailed, mailed or dropped off at the EQUUS Main Office.

Fax: 403.227.1007

Email: communications@equus.ca

Mail: EQUUS
Attn: Donations Committee
PO Box 6199, 5803 – 42 Street
Innisfail, AB T4G 1S8