



Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date donation required: \_\_\_\_\_

Has EQUUS provided a donation to your organization/event in the past? YES \_\_\_ NO \_\_\_

If yes, when was the last year that your organization received a donation from EQUUS? \_\_\_\_\_

What is the organization's relationship with EQUUS? \_\_\_\_\_ Member, \_\_\_\_\_ Supplier, \_\_\_\_\_ None

**Describe the event or activity:**

**Describe how the event impacts your community and aligns with EQUUS' focus areas:**

**Describe the value to EQUUS and how we will be recognized:**

Donation Request (value up to \$150), please provide details on any relevant event themes, audience details or suggested content/retailer:

Gift Basket: \_\_\_\_\_

**OR**

Gift Certificate: \_\_\_\_\_

To the best of my knowledge, the above information is correct and if the donation 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](mailto:communications@equus.ca)

Mail: EQUUS

Attn: Communications Department /Donations Committee

PO Box 6199, 5803 – 42 Street

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