



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

Mail: EQUUS

Attn: Communications Department /Donations Committee

PO Box 6199, 5803 – 42 Street

Innisfail, AB T4G 1S8