



Organization: _____

Contact Name: _____ Email: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Phone: _____ Date required: _____

Has EQUUS 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 EQUUS? _____

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

Sponsorship amount requested (up to \$2,000): _____

Which EQUUS Service Area does your project involve?

- North Area (Onoway Area)
- Central Area (Innisfail Area)
- South Area (Claresholm Area)
- South Area (Medicine Hat Area)

Describe the event or activity, and how it is intended to benefit the community:

Describe how your event or initiative meets a need within the community related to COVID-19:

Describe the audience expected to attend or be reached (number of people, age, where do they live, etc.):

Describe the value to EQUUS and how we will be recognized (logo on program, signage, name at event or in any promotional material, newspaper or radio promotion/ advertising, tickets to attend event, etc.):

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: Communications Department /Donations Committee
PO Box 6199, 5803 – 42 Street
Innisfail, AB T4G 1S8