



Organization:	
Contact Name:	Email:
Mailing Address:	
City/Town:	Postal Code:
Phone:	Date required:
Has EQUS sponsored/donated to your organization/event in If yes, when was the last year that your organization received What is the organization's relationship with EQUS?  Sponsorship amount requested (up to \$2,000):	d a donation from EQUS? None
Which EQUS 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 benefits EQUS mem	nbers and the communities EQUS serves:

Descri	be the audience expected to attend or be reached (number of people, age, where do they live, etc.):
Descri	be the value to EQUS and how we will be recognized (logo on program, signage, name at event or in any
promo	tional material, newspaper or radio promotion/ advertising, tickets to attend event, etc.):
l ist an	additional relevant information and comments:
	dudicional relevant información una commencia
To the	best of my knowledge, the above information is correct and if the donation/sponsorship is approved, all items
and/oi	money will be used solely and expressly for the purpose listed.
l unde	stand that I am hereby giving EQUS permission to use information on this donation/sponsorship in any EQUS
	tions and promotional materials.
pablic	tions and promotional materials.
Signat	re Date
Jigi iali	Date
Compl	ated forms and letter can be submitted by small or mail to:
	eted forms and letter can be submitted by email or mail to:
	Communications@equs.ca
Mail:	EQUS
	Attn: Communications Department

PO Box 6199, 5120 – 40 Ave

Innisfail, AB T4G 1S8

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