

SPONSORSHIP / DONATION APPLICATION FORM:

Contact Name:

Phone Number:

Email Address:

Postal Address:

Name of Applicant of Organisation:

Description of your organisation & how it works:

Your organisations' legal status & purpose (*i.e. registered charity, sports club, etc.*)

How many people belong to the organisation applying?:

How many people would benefit from the this sponsorship/donation?:

Is your organisation registered with the Charities Commission? YES / NO

IF YES CC Number:

Are you Donee Status registered?: YES / NO

Are you GST Registered?: YES / NO

IF YES GST Number:

Sponsorship/donation request (*please detail the type of support required e.g. supply of product, financial donation*):

Total Amount requested from Ashburton Licensing Trust *in words*:

Time frame (please detail the date of the event, or the duration of activity you are requesting the sponsorship for, use a separate sheet if necessary):

Budget (please supply a cost breakdown of your budget for this specific event, project or timeframe, use a separate sheet if necessary):

Benefits (please specify the benefits Ashburton Licensing Trust will receive if it is associated with this sponsorship request). The more information you provide the easier it will be for us to process and evaluate:

Has the applicant organisation applied for sponsorship or donations for the same purposes from any other source? YES / NO

If yes please provide a list of sponsors who have committed to date:

Why did you choose to approach Ashburton Licensing Trust with this sponsorship/donation request?:

DECLARATION:

I declare that the information provided in this sponsorship/donation application is true and correct, to the best of our knowledge

I have the authority to make the application on behalf of the applicant

This organisation fully understands that any and all monies received from the Ashburton Licensing Trust can only be used for the purpose for which the grant was approved.

I authorise the Ashburton Licensing Trust to retain information pertaining to this application and to disclose that information as deemed necessary by the Ashburton Licensing Trust for any purpose, including the publication of sponsorships & donations in annual reports.

SIGNATURE: _____

PRINTED NAME: _____

POSITION: _____

DATE: _____

Applicant Organisations' Bank:

Branch:

Account Number:

Name of Account *(this should match the name under which the application is submitted):*

OR attach a pre-printed deposit slip (note that personal bank accounts are not permitted)

Please keep a copy of this application for your records.