

DONATION/SPONSORSHIP REQUEST FORM

FIRST NAME: _____ LAST NAME: _____

JOB TITLE: _____ COMPANY: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____ ORGANIZATION WEBSITE: _____

ARE YOU REQUESTING A : _____ DONATION _____ SPONSORSHIP

DONATION: REQUEST PROMOTIONAL ITEMS OR PRIZES

SPONSORSHIP: REQUEST KDFWR PERSONNEL TO ASSIST IN THE EXECUTION OF YOUR PLANNED EVENT WHICH ALSO PROVIDES OPPORTUNITY TO BENEFIT KDFWR.

The "sponsorship" opportunity presented here is not to be confused with corporate sponsorships provided to KDFWR, which are defined in the State Finance and Administration Cabinet's administrative regulations (200 KAR 5:080) as "a contract for the receipt of cash or noncash value by an agency from a business in exchange for advertising or similar commercial considerations." KDFWR currently offers this form of sponsorship opportunities for Kentucky Afield Television, for which guidelines and procedures are available by accessing <http://fw.ky.gov/kvafieldtvpartner.asp>.

OFFICIAL NAME OF EVENT: _____

YEARS IN EXISTENCE: _____

COMPANY OR ORGANIZATION OVERSEEING EVENT: _____

IS YOUR COMPANY A 501 (c)(3) ORGANIZATION: _____

WHAT IS THE BEST CATEGORY TO DESCRIBE YOUR ORGANIZATION? _____

WHAT IS THE BEST CATEGORY TO DESCRIBE YOUR EVENT? _____

EVENT DATE (S) : _____

EVENT LOCATION: _____

TOTAL ESTIMATED ON-SITE ATTENDANCE: _____ TOTAL PARTICIPATION: _____

SPECIFIC REQUESTS/COMMENTS: _____

FOR KDFWR OFFICE USE ONLY:	
REFERRED TO: _____	ACTION TAKEN: _____
NUMBER OF PROMOTIONAL ITEMS GIVEN: _____	DATE SENT OUT: _____
ESTIMATED COST: \$ _____	