



61 Brunswick, D.D.O., Quebec, H9B 2N4, telephone: 514-685-8000, Fax: 514-685-3383

## Sponsorship Request Form

Each year, Bravo Rentals allocates a budget to support local community activities through a **Rental Discount Sponsorship**. We are pleased to do our part to assist your charitable work. Requests, however, have become so numerous that they exceed our financial capabilities. Therefore, we must fairly distribute our support to as many organizations as possible and ask that you complete this form. The purpose of this form is not to deter, but to determine if we are able to make a contribution at the time of request. Thank you for your cooperation and taking the time to make this information available. If sponsorship is granted, this authorizes Bravo to use the organization's name as a recipient, in any future Bravo advertising.

**Please return this completed request form at least SIX WEEKS PRIOR to the contribution date so that it can be fairly processed.**

**Name of Organisation** \_\_\_\_\_ **Charitable Organisation number** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name of President \_\_\_\_\_ Organization Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Name of Person making this request** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**e-mail** \_\_\_\_\_

Your organization's mission? \_\_\_\_\_

Is this a for-profit or nonprofit organization?  For-profit  Non-profit

Will a current copy of your mailing list be available to us?  Yes  No

Have you received previous donations from Bravo?  Yes  No If yes, when? \_\_\_\_\_

Is this organization currently a customer of Bravo's?  Yes  No If yes, since when? \_\_\_\_\_

What prompted the solicitor to request a contribution from Bravo? \_\_\_\_\_

Are other businesses being contacted with this or a similar request? \_\_\_\_\_

What kind of sponsorship are you looking for? \_\_\_\_\_

How will you be using it? \_\_\_\_\_

Will specific mention be made of our support?  Yes  No If yes, how? \_\_\_\_\_

**Date of Event :** \_\_\_\_\_ **Location of Event :** \_\_\_\_\_

Who will be attending? \_\_\_\_\_ How many will attend? \_\_\_\_\_

Describe how the program's success will be defined \_\_\_\_\_

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**Please do not write below this line – for office use only**

Donated \_\_\_\_\_ Value \$ \_\_\_\_\_ Contract # \_\_\_\_\_

Authorized by \_\_\_\_\_ Date \_\_\_\_\_