

DONATION AND SPONSORSHIP REQUEST FORM

Form must be COMPLETE for consideration. Please allow 2-3 weeks for us to review and respond to your request upon receipt.

Organization Name _____ Date _____

Contact Name _____ Position Title or Role _____

Address _____

Phone _____ Email _____ Website _____

Mission of Organization *(if applicable)* _____

Federal EIN *(if applicable)* _____

Is your organization exempt under Section 501(c)(3)? Yes No *(If yes, attach a copy of your IRS determination letter.)*

Have you received support from SAC Foundation in the past? Yes No If yes, which year? _____

Have you received support from Cobalt Credit Union in the past? Yes No If yes, which year? _____

Request Details *(Use additional pages as needed to complete the section below, as applicable.)*

SAC Foundation provides support for the following focus areas:

- Financial literacy educational opportunities
- Economic and social programs in support of the military

Please indicate your project or event's focus area: _____

Name of your project or event: _____

Amount requested:	Date of the project or event:
Expected attendance for the project or event:	Location of the project or event:
Number of people to work on the project or event:	Duration of the project or event:

Briefly describe your project or event. *(200 words max)*

Briefly describe the project or event's goals and objectives. *(200 words max)*

What segment of the community will your project or event support? *(geographic area, age group, etc.)*

Detail how the amount requested will be used to support the project or event. *(provide a breakout of expenses)*

How will the project or event be promoted?

Detail how SAC Foundation will be recognized for its support of your project or event. *(advertising, social media, signage, PR, etc.)*

If your request is approved, please indicate to whom we make out the check and where to send it. Same as listed above

Mail completed form to:

SAC Foundation
7148 Towne Center Parkway
Papillion, NE 68046

FOR SAC FOUNDATION USE ONLY

REVISED 1018

DATE RECEIVED:

DATE REVIEWED:

BOARD RECOMMENDATION:

APPROVED/DENIED:

DATE CONTACTED:

INITIALS: