



DONATION & SPONSORSHIP REQUEST FORM

DATE OF REQUEST _____

NAME OF EVENT/PROJECT _____

DATE OF EVENT/PROJECT _____

TYPE OF REQUEST *(circle at least one)* FINANCIAL SUPPORT ITEM/PRODUCT SERVICE

NAME OF ORGANIZATION _____

ADDRESS (STREET OR PO BOX) _____

CITY _____ STATE _____ ZIP _____

CONTACT INFO: NAME _____ TITLE _____

TELEPHONE _____ FAX _____

EMAIL ADDRESS _____

DESCRIPTION OF EVENT/PROJECT **(If applicable, please attach available brochures, program descriptions, flyers, etc.)** _____

HAS CUNNINGHAM'S SUPPORTED THIS EVENT/PROJECT IN THE PAST? *(If yes, please describe when and what was donated)*

Make checks payable to _____

Date Donation needed _____ Tax Deductible _____ *(if so please send receipt)*

PLEASE PRINT, SIGN, AND DATE THIS REQUEST FORM.

Printed Name _____ Signature _____ Date _____

MAIL OR HAND DELIVER TO: Cunningham Telephone and Cable
Attn: Alica Wildfong
PO Box 108 • 220 W Main
Glen Elder, KS 67446

FOR OFFICE USE ONLY:

Request accepted: Yes _____ No _____

Type of Donation/Sponsorship to be given: _____

Financial Support Amount *(if applicable)*: \$ _____

Comments: _____

Approved by *(signature)*: _____ Date _____