



DONATION/SPONSORSHIP REQUEST FORM

Organization Name: _____

Contact Person: _____

Contact Person's Relationship to Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Amount Requested: \$ _____

Does your organization operate in our service area?: _____

What will the donation be used toward?: _____

If for an event, please give event details: _____

How will Hilliary Communications be promoted, or the logo displayed?: _____

Signature: _____

Date: _____

Approved amount: \$ _____ Approved by: _____

*****HillCom Employee: Send to marketing@hillcom.net*****