



DONATION/SPONSORSHIP APPLICATION FORM

Requests must provide for:

- a) Community Building and Services projects;
- b) Schools/Youth Sponsorship;
- c) Senior Citizen Organisations;
- d) General community benefit; or a general club/organisation benefit.
- e) Any project, sponsorship or donation that the Board deems to be of a value to the community.

Date: _____

Club or Organisation: _____

ABN: _____

GST: YES / NO

Date required: *(must be completed)* _____

Please nominate a Supa IGA or a Mitre 10 Gift Card or combination of both cards in your application _____

Do you want the Gift Card/Cheque to be posted 21 days prior to the date required to the address quoted below? YES / NO (will collect)

NB: Gift Cards have 12 months expiry from date of issue and CANNOT be replaced if lost or stolen. Gift Cards can be reused within the 12 month expiry if the full amount is not spent in one transaction.

Name: _____ Position: _____

Address: _____

Phone: _____

Email: _____

Signatures:

President: _____ Secretary: _____

Print Name (President) _____

Print Name (Secretary) _____

****Please note that requests of donations / sponsorship are not automatically approved. Approval must be granted prior to any payment. The Co-op reserves the right to decline any application.**

(A) Amount Requested – Value up to but not exceeding \$250.00**

****ALL DONATIONS ARE IN THE FORM OF GIFT CARDS**

\$

**PLEASE ADVISE NUMBER OF MEMBERS

(B) Amount Requested – Value up to but not exceeding \$1,000

\$

(C) Amount Requested – Major Donation in excess of \$1,000

\$

(B) & (C) Please supply detailed costs and all Project quotes (if applicable) and funding sources. If Amount requested over \$1,000 – Financial Statements will be required to support this Application.

HAVE YOU APPLIED FOR DONATION/SPONSORSHIP FOR THIS PROJECT FROM ANOTHER SOURCE – PLEASE LIST

- 1. _____
- 2. _____
- 3. _____
- 4. _____

DESCRIPTION OF PROJECT / EVENT & BENEFITS TO THE COMMUNITY

MANAGEMENT AND MONITORING OF PROJECT / EVENT:

(Applies to (B) & (C) on Page 1)

HOW WILL THE DONATION / SPONSORSHIP BE RECOGNISED?

Please acknowledge us as the Mount Barker Co-operative in all written material and not Supa IGA, Cellarbrations, Mitre 10 etc.

Is the applicant a Member of the Mount Barker Co-operative: YES NO

Do you trade with the Mount Barker Co-operative: YES NO

***Please attach any additional information (if any) that supports this application*

Office use only:

APPROVED: YES / NO

DATE GIFT CARD SENT