



SPONSORSHIP AND NON-MONETARY DONATION

REQUEST FORM

Date: _____

Sponsorship Request ☐

Non-Monetary Donation Request ☐

I. Contact Information

Legal Name of Entity or Individual:	Tax Payer Identification #:
Contact Name:	Title:
Mailing Address:	State and Zip Code:
Telephone #:	Fax #:
E-mail Address:	Website:
Please check all that apply: Isleta Tribal Organization <input type="checkbox"/> Other Organization/ Entity <input type="checkbox"/> Individual <input type="checkbox"/> Team <input type="checkbox"/> Isleta Tribal Member / Employee <input type="checkbox"/> Non-Profit 501(c) (3) <input type="checkbox"/> School <input type="checkbox"/>	

II. Sponsorship / Non-Monetary Donation Information

Reason for Request:
List Detail of Request (e.g. monetary, goods and or services):
Promotional Detail if Applicable:
Commitment of Entity or Individual in Exchange for Sponsorship (e.g. advertisement, tickets, access to events, etc.):

Approved: ☐

Denied: ☐

Modified: ☐

CEO: _____ Date: _____

Approval Date: 11/10/2016
Effective Date: 12/01/2016