



**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:
<p><b>Please check all that apply:</b></p> <p> <input type="checkbox"/> 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       </p>	

**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: \_\_\_\_\_