



DONATION/SPONSORSHIP APPLICATION FORM

Requests must provide for:

1. Community Building and Services projects.
2. Schools/Youth Sponsorship.
3. Senior Citizen Organisations.
4. General Community / Club / Organisation benefit.
5. Any project, sponsorship or donation that the Board deems to be of a value to the community.

Date: _____ **Number of Members:** _____

Club or Organisation: _____

ABN: _____ **GST:** YES / NO

Date of event: *(must be completed)* _____

Please nominate \$ values of gifts required. A combination of cards can be requested.

Supa IGA _____ Mitre 10 _____ Cellarbrations _____

Gift Cards/Cheques required date: _____

(All donations/sponsorship must be signed & collected from Administration Department, Mount Barker Co-operative.)

NB: Cards and cheques must be redeemed within the sponsorship year. Cards can be reused until the full amount has been spent. Cards CANNOT be replaced if lost or stolen.

A. Amount Requested – Value up to \$250.00*

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

\$

B. Amount Requested – Value \$251.00 to \$1,000.00

\$

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

\$

Note: 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.

Name: _____ **Position:** _____

Address: _____

Phone: _____

Email: _____

Signature: _____ **Position:** _____

Print Name: _____

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.

PLEASE LIST ANY OTHER SOURCES OF DONATION/SPONSORSHIP YOU HAVE APPLIED FOR PERTAINING TO THIS PROJECT / EVENT

DESCRIPTION OF PROJECT / EVENT & BENEFITS TO THE COMMUNITY

Please include approximate numbers of attendees both local and out of area.

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

APPROVED VALUE: _____

GIFT CARD / CHEQUE COLLECTION DATE: _____