

## **Donation/Sponsorship Request Form**

The sponsorship/donation committee reviews requests for funding on a monthly basis. Event sponsorships should be submitted at least six weeks before the event occurs.

## **Organization Information**

Name of Organ	ization			
Address				
	(Street)	(City)	(State)	(Zip)
Contact	(Name)	(Phone)	(Email)	
Is organization	a 501(c)(3)			
Yes Feder	al Tax Identification Number			
○ No				
Describe your o	organization and its purpose	<u></u>		
Project/Event				
Event Date		Monetary/In-Kind Requested		
Event Location		Water Requested (10 case max)		
Describe the pro	oject/event			
(additional information r	equested below)			
Area which proj	ect/event will serve			
Approximate nu	umber of attendees			
Attach latte	or brochure namphlet door	ribing event/project requesting fundir	ıa	
•		nomy event/project requesting funding	19	
Provide W-				

Return completed form to:

MWEC
Donation Request
PO Box 1346
Williston, ND 58802
or
pr@mwec.com