

SPONSORSHIP/CHECK REQUEST

NAME OF ORGANIZATION OR ACTIVITY _____

Amount Requested _____

Name of Main Contact: _____

Address: _____

Phone/E-mail/Fax: _____

PERSON SUBMITTING REQUEST FORM (date submitted) _____

Name: _____

Address: _____

Phone/E-mail/Fax: _____

Please provide a brief description of the event or an overview of organization/activity.

How will you promote the LVPOA _____

SIGNATURE

For Association Use Only:

Approved _____ Declined _____

Contribution Category: _____