



Donation Request

Today's Date:

Event Date:

Organization Name:

Contact Name:

Email:

Telephone:

Address:

City:

State:

Zip Code:

Reason for sponsorship:

How will your organization utilize donations? Is the money spent locally?

Information about the fundraiser/event/promotion the sponsorship is needed for:

How many people will attend/benefit from this event?

How will KanOkla Networks be recognized at your fundraiser/event/promotion?

Make check payable to:

Please print a copy before submitting.