

SUNCADIA FUND FOR COMMUNITY ENHANCEMENT

Event Sponsorship Application

Must be a 501c(3) or 501c(4) non-profit to apply

State

Zip

Legal Name of Organization

Mailing address

| Email (Applicant) | | | | Phone | | | |
|--|------------------|----------------|-------------------|-----------|------------|----------------|----|
| Website/Social Media | | | | Tax ID | | | |
| | | | | | | | |
| Event Date | | | Event Name | | | | |
| | tion of the ever | nt, and if a f | undraiser what | the proce | eds of the | e event will b | ре |
| used for: | | | | | | | |
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| Amount requested: \$ | | | | | | | |
| List what promotion options are available at this sponsorship level, or attach existing sponsorship levels with details: | | | | | | | |
| sponsorsnip | ieveis with deta | 1115. | | | | | |
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Please email your application to CommunityAssociations@Suncadia.com. If you have questions or comments please contact Edward Simpkins (esimpkins@suncadia.com) or 509-649-6273