

## **Application for Donation/Sponsorship**

| Are you requesting sponsorship of an     | event, monetary donation, p     | roduct donation or gift items? (Circle one)                 |  |
|--|---------------------------------|---|--|
| Have we donated to or sponsored you      | r organization before?          | List the year(s):   |  |
| If requesting sponsorship of an event,   | please attach all pertinent in  | formation to this completed application.                    |  |
| If requesting monetary donation:         | Amount requested \$             |   |  |
| What percentage of monetary donation     | on goes directly to your cause  | ?%  |  |
| If requesting product/gift item donati   | on: Quantity needed             | Date needed   |  |
| Product/gift item requested              |                                 |   |  |
| Event name                               | Event date                      | Event location  |  |
| (If requesting product donation, m       | ust attach a copy of your or    | e-day liquor license for the event.)                        |  |
| !!!!</td <td></td> <td></td>             |                                 |   |  |
| Organization information (require        | <b>d)</b> :                     |   |  |
| Legal Name of Organization               |                                 |   |  |
| Administrative/Shipping Address          |                                 |   |  |
| City, State, Zip                         | Phone #                         | Fax Number  |  |
| Website Address                          | Tax Status*                     | Tax ID Number   |  |
| *If 501(c)(:                             | 3) or other exempt organizat    | ion, you must attach documentation.                         |  |
| Briefly describe the organization's m    | ission                          |   |  |
|  |                                 |   |  |
| Individual Contact Information (re       |                                 |   |  |
| Name of Contact Person                   | 7                               | itle  |  |
| Direct Dial Phone #                      | rect Dial Phone # Email Address |   |  |
| -  |                                 | equest on company letterhead with all pertinent information |  |
| listed for the Committee to review. If p | roduct is requested, your one-  | day liquor license for the event must be attached.          |  |

Depending upon the location of you fundraiser/event please mail or fax the request form to the QB office in the appropriate territory or email the form to cheers@qblp.com.

| Taunton Division        | Auburn Division  | <b>Chicopee Division</b> |  |
|-------------------------|------------------|--------------------------|--|
| 525 Myles Standish Blvd | 12 St Mark St    | 880 Burnett Rd           |  |
| Taunton, MA 02780       | Auburn, MA 01501 | Chicopee, MA 01020       |  |
| P: 508.822.6200         | P:508.832.5311   | P: 413.594.4900          |  |
| F: 508.823.9092         | F: 508.832.9831  | F: 413.594.4911          |  |