

SPONSORSHIP/DONATION REQUEST FORM

# Name of Organization:

**Are you a(n):**

GSA Organization/Member

McMaster University Affiliated Organization

Organization Affiliated with another Post Secondary Institution Community Organization

# Do you want a:

Sponsorship Donation

**Date of Event/Conference/Project: Project Description:**

**Objectives of Organization:**

**Budget breakdown for Project:**

**Source of Funds for the Project:**

**Dollar Amount Requested: $**

**Have other requests been made to other organizations? If so, please list the results of the requests.**

NAME

DONATION REQUESTED DONATION RECEIVED

**Any other relevant information…..**

**Contact information for your group (name, phone #, email)**

**All requests should be forwarded to:**

Administrative Assistant (macgsa@mcmaster.ca )

# Cheques should be made payable to:

**Please note: if making a Sponsorship request please include your Sponsorship Package detailing your Sponsorship Levels and commitments.**