



## COMMUNITY ACTION COMMITTEE 2010 DONATION REQUEST APPLICATION

Today's Date \_\_\_\_\_

1. All requests must be made by completing this form and attaching your event flyer, brochure or letter.
2. Requests should be made at least one month prior to date needed. Committee meets once per month.
3. A limit of two (2) requests maximum per calendar year per group/organization.
4. Must be a 501 (c) 3 organization in order to be eligible.
5. No personal donation applications will be accepted (i.e., individual requests for sponsorship).
6. Send applications to Rebecca Pohlman, CAC Chair, at P.O. BOX 200, LOMPOC, CA 93438-0200.

### ORGANIZATION/GROUP REQUESTING DONATION

Group Name \_\_\_\_\_

Organization's Tax ID Number \_\_\_\_\_

Is the Organization a Member of CoastHills? Yes \_\_\_ No \_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Contact Person #1 \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Contact Person #2 \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

DATE REQUEST NEEDED (allow one month) \_\_\_\_\_ DONATION REQUESTED \$ \_\_\_\_\_

### PURPOSE OF REQUEST

Please attach your letter, brochure or flyer advertising your event to this application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ADVERTISING AVAILABLE (What kind of advertising will we receive for our donation?)

Full Page Ad (size \_\_\_ x \_\_\_) \$ \_\_\_\_\_ Sponsor Listing? Yes \_\_\_ No \_\_\_

Half Page Ad (size \_\_\_ x \_\_\_) \$ \_\_\_\_\_ Banner Advertising? Yes \_\_\_ No \_\_\_ Pick-Up Date: \_\_\_\_\_

Qtr Page Ad (size \_\_\_ x \_\_\_) \$ \_\_\_\_\_ Other \_\_\_\_\_

Bus Card Ad (size \_\_\_ x \_\_\_) \$ \_\_\_\_\_ \_\_\_\_\_

### COMMUNITY ACTION COMMITTEE USE ONLY

#### APPROVAL/DENIAL

Approved on (Date) \_\_\_\_\_

Denied on (Date) \_\_\_\_\_

#### DISTRIBUTION OF DONATION

Contribution MAILED on (Date) \_\_\_\_\_

Check negotiated on (Date) \_\_\_\_\_