



COMMUNITY ACTION COMMITTEE 2009 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. Organization must be Not for Profit to be eligible for donation.
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 _____

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) _____