



SPONSORSHIP REQUEST FORM

We are pleased to do our part to assist your charitable work through a discount.
Please return this completed request form at least SIX WEEKS PRIOR to the contribution date so that it can be fairly processed.

Name of Organisation _____ Charitable Organisation Number _____

Mailing Address _____

Name of President _____ Organisation Phone # _____

Name of person making this request _____ Phone # _____

Email _____ Fax # _____

Your organization's mission? _____

Is this a for-profit or non-profit organization? For-profit Non-profit
Will a current copy of your mailing list be available to us? Yes No
Have you received previous donations from Bravo? Yes No If yes, when? _____
Is this organization currently a customer of Bravo's? Yes No If yes, since when? _____

What prompted the solicitor to request a contribution from Bravo?

Are other businesses being contacted with this or a similar request? _____

What kind of sponsorship are you looking for? _____

How will you be using it? _____

Will specific mention be made of our support? Yes No If yes, how? _____

Date of Event _____ Location of Event _____

Who will be attending? _____ How many will attend? _____

Describe how the program's success will be defined _____

Please do not write below this line – for office use only

Donated _____ Value \$ _____ Contract # _____

Authorized by _____ Date _____

Bravo Location Rentals Inc.

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