

Contribution Request



Platte Valley Companies

Individual or Representative Making the Request _____

Name of Requesting Organization or Entity _____

Telephone Number () _____ Email _____

Mailing Address _____

Please check all that apply:

501(c)3 Organization

Customer

Employee

Amount of Request \$ _____ Response Due By: _____

CONTRIBUTION WILL BE USED FOR (be specific):

Advertising

Sponsorship

Table/Tickets

Donation

Other

Please describe the activity, number of individuals that will benefit, who will benefit, impact on community, etc. (Please attach any supporting information i.e. flyers, letters, etc.):

Do you need artwork or a logo? Yes No Size: W _____ x H _____

Black & White Full Color File Type (jpg, png, pdf, etc.): _____

Where can we Email artwork?

When do you need artwork by?

Do you need our banner for display? Yes No

CHECK ONE:

Mail Out

Do Not Mail, Return To _____

Deposit into Account # _____

Signature: _____ Approved By: _____ Date: _____