



DONATION REQUEST FORM

IN-STORE USE

DATE RECEIVED: _____

SIGNATURE: _____

A COPY OF YOUR TAX EXEMPT CERTIFICATE MUST BE ATTACHED OR DONATION REQUEST WILL BE CONSIDERED NULL AND VOID.

ORGANIZATION: _____

EVENT: _____

EVENT DATE: _____ ANTICIPATED ATTENDANCE: _____

BREIF EVENT DESCRIPTION: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

DONATION REQUEST: _____

DONATION RECOGNITION: (Proof of execution will be required.)

Y N EVENT COLLATERAL: Will any collateral be distributed at the event? (i.e. flyers, brochures, programs)

If yes, how many pieces will be printed? _____

Will you include a mention of our donation? _____

What type of mention? (i.e. ad, editorial, etc) _____

Will our name or logo be used in the mention? _____

Will we get a copy? _____

Y N WEBSITE: Does your organization have a website? _____

What is the URL (web address)? _____

Will the event be promoted there? _____

If yes, will you link to the Mike's Camera website for the duration of the promotion? _____

If yes, when will the link be published? _____

DONATION REQUEST FORM

Y N EVENT SIGNAGE: Do you plan on displaying any signs at the event from donors/sponsors? _____

What type of sign can be displayed(i.e. banner, 8.5x11 sign) _____

What is the audience demographic? (i.e. parents, sports fans) _____

Y N EVENT PROMOTION: What media will you use to promote the event? (i.e. newsletter, direct mail) _____

Will you include a mention of our donation? _____

What type of mention? (i.e. ad, editorial, etc) _____

When will it be published? Will we get a copy? _____

What is the audience demographic? (i.e. parents, sports fans) _____

Y N THANK YOU AD: Will you run any thank you ads listing donors or sponsors of the event? _____

If yes, what media will you use? (i.e. newspaper) _____

When will the ad run? _____

How many honorees will be listed in the ad? _____

Can our logo be used in the ad, rather than just our name in a line listing? _____

Y N OTHER PROMOTION: Will you be doing anything else to promote the event? If yes, describe. _____

Fax completed application form to 303-443-1612 ATTN: Marketing or send by mail to Mike's Camera,
ATTN: Marketing , 2500 Pearl St., Boulder, CO 80302. Please allow at least 2 weeks for application review.

A COPY OF YOUR TAX EXEMPT CERTIFICATE MUST BE ATTACHED OR DONATION REQUEST WILL BE CONSIDERED NULL AND VOID.

.....

IN-STORE USE ONLY

DONATION GRANTED: _____ TOTAL VALUE: _____ INVOICE NO. _____

APPROVED BY: _____ DATE: _____

PROOF of EXECUTION DUE DATE: _____ SIGNATURE: _____ DATE: _____