



EUMARRAH DONATION/SUPPORT REQUEST FORM V25032021

All of the following information is required to consider your request

Organization: _____ Date: _____

Head office details

Address: _____

Email: _____ ABN: _____

Phone: _____ Contact Person: _____

Registered Charity—Yes / No ? : _____

Please provide a brief description of your organization, including it's mission and major accomplishments:

What are you seeking from us? Please circle:

1. Shop voucher - for raffle prize etc.

2. Discount on goods

Requested amount _____

3. Catering service/discount on catering (requires minimum 2 weeks notice).

How will this donation/support be used?

Can you provide us with a flyer, poster or link to a facebook event?

What date is the donation/support required for collection?

What kind of advertising/signage and recognition will Eumarrah receive, if any?

Internal Use Only

Req. Number

Date Of Review

Approved

Denied

Conditions: