



DONATION / SPONSORSHIP REQUEST FORM



Provider Contract Food Service is proud to support many endeavors on the Hope University Campus. Although our company would like to be able to comply with all donation/sponsorship requests, our budget creates boundaries that must guide our decision making process. It is very helpful to apply for any type of donation/sponsorship as far in advance as possible so that we can try to include your very important event within budget boundaries. If you are requesting a donation/sponsorship, please provide us with the following information and email Kevin Murray kmurray@hiu.edu. All requests will be delivered and a determination will be made within 14 days of receipt of request. Thank you!

Requesters Contact Information

Name:	
Address 1:	
Address 2:	
City, State & Zip Code:	
Phone Number:	
Fax Number:	
Email Address:	

EVENT DETAILS

Event Name / Title:				
Event Date:				
Event Time:	Start:	<input type="checkbox"/> AM <input type="checkbox"/> PM	End:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Event Location:				
Purpose of Event:				
Estimated Guest Count:	# of Adults		# of Children	

EVENT GENERAL INFORMATION

Event Organizer Name:			
E.O. Phone / Fax:			
E.O. Email Address:			
HIU Dept. / Affiliation:			
HIU Dept. Head Overseeing Event			
Type Of Sponsorship Requested:	<input type="checkbox"/> Food <input type="checkbox"/> Beverages <input type="checkbox"/> Services <input type="checkbox"/> Door Prize <input type="checkbox"/> Other (Please Specify)		

FOR PROVIDER CONTRACT FOOD SERVICE ONLY:

DONATION / SPONSORSHIP APPROVAL:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
BY:		
Print Name:	Signature:	
Date:		
Amount:		
Reason:		
Requester Notified Via:	<input type="checkbox"/> TELEPHONE <input type="checkbox"/> FAX <input type="checkbox"/> Email <input type="checkbox"/> Letter	
Comments:		