



Donation/Sponsorship Program Request Form

Organization Name: _____

Mailing Address: _____

Contact Name: _____

Phone Number: _____

E-mail: _____

Have you requested a donation from Maple Mutual in the past? If yes, please specify the amount requested and when:

What kind of support are you looking for? Donation ☐ Sponsorship ☐ Other ☐

What are the funds required for? _____

Name of Event or Initiative: _____

Date of Event or Initiative: _____

Requested Amount: _____

Date donation is needed by: _____

Will there be recognition to Maple Mutual for this donation? If so, in what form?

Signature

Date