

REQUEST FOR SPONSORSHIP/DONATION

sponsorship@centerspace.com | Fax: 701.838.7758 | PO Box 1988, Minot, ND 58702

After completing the form, return to Centerspace by scanning and emailing, faxing, or mailing to the contact information listed above. **Please submit request minimum two weeks prior to event.**

Organization Name:					
Address:		Contact Person:			
Phone:		Email:			
Date of Request:		Name of Event:			
Amount Requested:		Date of Event:			
Describe Your Reques	t:				
Date Request is Neede	ed:				
By Completing this form, I	acknowledge my request ad	heres to the Centerspace Corp	orate Spo	nsorship Guidelin	es & Policies.
Initial Here:					
	FOR INT	ERNAL USE ONL	Υ		
Date Received:	Amount:			Approved	Declined
Accounting Code:	7140 - Advertising	7150 - Contributions			
Check Requested By:			_ Date: _		
Approved By:			Date:		