

Donation & Sponsorship Request

Our Non-Profit-Organization is dedicated to support initiatives that will strengthen our community. Please fill out the Request Form below and our committee will evaluate your requests on a monthly basis. Please note that it may take up to 90 days for your request to be reviewed. We will contact you once a decision has been made.



ORGANIZATION NAME: _____ PHONE: _____
ADDRESS: _____ FAX: _____
CITY: _____ STATE: _____ ZIP: _____
CONTACT NAME: _____ WEBSITE: _____
E-MAIL ADDRESS: _____

PROGRAM OR EVENT OVERVIEW

PROGRAM/EVENT FOR SPONSORSHIP: _____
EVENT DATE(S): _____ EVENT FREQUENCY: _____
EVENT LOCATION: _____
ATTENDANCE: _____ DEMOGRAPHICS: _____
EXPLANATION OF PROGRAM/EVENT: _____

PROGRAM/EVENT OBJECTIVES: _____
HOW WILL YOU ADVERTISE THE EVENT: _____

DONATION/SPONSORSHIP REQUEST

SPONSORSHIP NEED: IN-KIND CASH OTHER: _____
SPECIFIC DETAILS OF REQUEST: _____
FINANCIAL COMMITMENT REQUEST: \$ _____ DUE DATE: _____
WHAT WILL WE RECEIVE IN EXCHANGE FOR SPONSORSHIP (IE. ADVERTISING, ETC.): _____

IS THE ORGANIZATION A 501(C)(3)? Y N IF YES, TAX ID: _____
OTHER COMPANIES INVOLVED AND LEVEL OF INVOLVMENT: _____

RETURN TO: MIACC
895 10TH ST S, STE 201-A
NAPLES, FL 34102
(239) 682-0900 FAX (239) 236-9000
EMAIL: DIRECTOR@MIACC.ORG

AUTHORIZED SIGNATURE
TITLE: _____ DATE: _____