



PROMOTIONAL PRODUCTS

DATE REC'D
INITIALED

Donation Request

ORGANIZATION _____ TAX EXEMPT ID NUMBER _____

EVENT _____ EVENT DATE _____ ANTICIPATED ATTENDANCE _____

WHAT IS THE PURPOSE OF THE EVENT/WHO WILL BENEFIT? _____

CONTACT _____ PHONE _____ EMAIL _____

DONATION REQUEST _____

DONATION RECOGNITION (Proof of execution will be required)

EVENT COLLATERAL: Will any collateral be distributed at the event? (i.e. flyers, brochures, programs) _____

If Yes, how many pieces will be printed? _____

Will you include a mention of our donation? _____

What type of mention? (i.e. ad, editorial, etc.) _____

Will our logo be used in the mention? _____ Will we get a copy? _____

WEBSITE: Does your organization have a web site? _____

What is the URL (web address)? _____

Will the event be promoted there? _____

If yes, will you link to our web site for the duration of the promotion? _____ When? _____

EVENT SIGNAGE: Do you plan on displaying an signs at the event from donors/sponsors? _____

If yes, what are the requirements of the banner/sign? _____

EVENT PROMOTION: What media will you use to promote the event (newsletter, radio, direct mail, etc.) _____

Will you include a mention of our donation? _____ When? _____

What type of mention (i.e. ad, editorial, etc.)? _____

Will our logo appear? _____

Where else will our logo appear? _____

Fax completed application for to 541-756-0934 ATTN:Marketing Dept. or send by mail to BNT Promotional Products, ATTN Marketing Dept, 1712 Sheridan Ave, North Bend, OR 97459. Please allow 2 weeks for application review.

OFFICE USE ONLY

DONATION TYPE: _____ **TOTAL VALUE:** _____

APPROVED BY: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____