

KAULIG CHARITABLE GIVING PROGRAMS
1521 Georgetown Road
Hudson, OH 44236

SPONSORSHIP APPLICATION

Organization:

501c3 Number:

Contact Person:

Phone Number and Email Address:

Address:

Event or Project Name:

Event or Project Start Date:

Total project budget:

Amount/Type of request:

Tax-deductible portion of the requested contribution:

1. Provide your organization's mission statement.

2. State the percentage of your organization's total expenses spent on programs and services to further its mission and help others.

3. Provide a brief description of your event or project.

4. Please provide the gross revenue, net revenue and total expenses for the prior year's event and the current year's goals for gross revenue, net revenue and expenses.

5. Provide other information you would like to be considered.

Please note, this request:

- Should be received at least 60 days in advance of the funds being needed.
- Should not be more than 25% of the overall fundraising goal.
- Can include an attachment of your event or program marketing materials.
- Should be forwarded to Stacey Langal at slangal@kauligfoundation.org.

VERIFY

I certify that the information provided in this application is true to the best of my knowledge:

Organization Representative

Date

Executive Director

Date