



# Norvado™ Sponsorship & Donation Request Form

Requestor Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name of Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason for Request \_\_\_\_\_

Amount Needed \_\_\_\_\_ Date Required \_\_\_\_\_

How will Norvado benefit from this donation/sponsorship \_\_\_\_\_

Has Norvado sponsored/donated to your organization in the past? Yes / No

If yes, what and when \_\_\_\_\_

Other than your request from Norvado how are funds and donations being raised \_\_\_\_\_

What type(s) of public relations will be used to promote this event \_\_\_\_\_

List any additional relevant information \_\_\_\_\_

The above is correct to the best of my knowledge, and if the donation is passed, the goods and/or money will be used solely for the purpose listed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If mailing please send to:**

**Norvado  
P.O. Box 67  
Cable, WI 54821**

**or Fax to: 715-798-3044**