

Solidarity SPONSORSHIP REQUEST FORM

ORGANIZATION NAME

CONTACT NAME

TITLE

EMAIL AND PHONE NUMBER

ADDRESS

Street Address

Postal / Zip Code

City

State / Province

EVENT/PROJECT NAME

DATE

LOCATION

BRIEF DESCRIPTION OF THE EVENT/PROJECT

SPONSORSHIP AMOUNT REQUESTED

PLEASE DETAIL HOW THE SPONSORSHIP FUNDS WILL BE USED

• (e.g., Logo on event materials, mentions in press releases, social media exposure, etc.)

HOW WILL SOLIDARITY BE RECOGNIZED?

ARE YOU A SOLIDARITY MEMBER?

IF APPROVED, WHO SHOULD THE SPONSORSHIP CHECK BE MADE OUT TO?