



Donation/Sponsorship Request Application

Date: _____

Name of Organization: _____

Address: _____

City/State/Zip: _____

Brief description of Organization: _____

Purpose of Organization/event: _____

Date of event: _____

Number of local individuals' Organization serves: _____

Specific description of request (amount): _____

Explanation of how funds or donation will be used: _____

Who benefits from organization's activities? _____

Name & Address of Payee: _____

Deadline for application for a donation request is 30 days prior to the scheduled event. All written requests should be mailed or emailed to:

Attn: LeAnn Ruiz

7100 North Financial Drive, Suite 101

Fresno, CA 93720

LeAnn.Ruiz@cvcb.com