

## SPONSORSHIP/DONATION REQUEST FORM

Name of Organization:
Are you a(n):  GSA Organization/Member  McMaster University Affiliated Organization  Organization Affiliated with another Post Secondary Institution  Community Organization
Do you want a:  Sponsorship
☐ Donation  Date of Event/Conference/Project:
Project Description:
Objectives of Organization:

Source of Funds for the Proje	rt·		
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Dollar Amount Requested: \$			
Have other requests been ma	de to other organizations	? If so, please list the re	esults
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Any other relevant information				
Contact information for your group (na	ama nhana# amail\			
Contact information for your group (in	#, email/			
All requests should be forwarded to:				
Clubs Administrator (gsaclubs@ VP Internal (gsaint@mcmaster.c				
Cheques should be made payable to:				
Please note: if making a Sponsorship r detailing your Sponsorship Levels and	equest please include your Sponsorship Package commitments.			