



# Assumption Life

## SPONSORSHIP AND DONATION APPLICATION

Name of your organization or group:

Contact person:

Title:

Address:

Province:

Postal Code:

Telephone:

Fax:

Email:

Web site:

Name of event or project:

Date of event:

Activity sector (arts and culture, education, health, youth, etc.):

**DESCRIPTION OF EVENT**

Description of event or fundraising campaign (anticipated number of participants, nature of event, target client group, objective, location, etc.):

Please attach sponsorship plan or application letter if applicable.

Scope of event:	Local <input type="checkbox"/>	Provincial <input type="checkbox"/>
	Regional <input type="checkbox"/>	National <input type="checkbox"/>

Target audience of event:

**DETAILS OF APPLICATION**

Commitment sought from Assumption Life (amount of funds or nature of services requested):

Benefits of sponsorship (visibility provided in return, etc.):

Anticipated use of funds:

Deadline for response:

**ADDITIONAL INFORMATION TO ASSIST IN EVALUATING APPLICATION**

Any additional comments or information:

Date of application:

Signature: