



COMMUNITY FOUNDATION
of South Lake

SPONSORSHIP REQUEST

Instructions for sponsorship request:

1. Please complete this form
2. Please provide a copy of your IRS 501 (c) (3) Determination Letter
3. Please Fax or mail documents to:

Community Foundation of South Lake County
2150 Oakley Seaver Drive
Clermont, FL 34711
Fax: 352 394-7739

Date: _____ Amount Requested : \$ _____
(\$250 Maximum)

Organization Name: _____

Address: _____

Primary Contact Person: _____

Primary Contact's Daytime Phone: _____ Fax: _____

Email: _____

Event Information

Event Date: _____

Number of Participants: _____ Age of Participants: _____

Community Foundation of South Lake County Sponsorship Request

Please describe both the purpose of the event and the desired impact it will generate for the participants and the South Lake County Community:

The Community Foundation of South Lake County is a publicly supported organization and it is essential that the public be made aware of its contributions and commitment to the well being of the community. **Publicity that properly identifies the Foundation as a funder is a requirement of this sponsorship and must be generated by the recipient.**

We respectfully request that you complete the following publicity actions items as a condition of this sponsorship:

- 1) Press Release that identifies the Foundation as a sponsor; 2) mention of the sponsorship in any newsletters published by your organization; 3) display of the Community Foundation banner at the event where possible (banner will be provided to you).

Please describe any additional plans for public acknowledgement of this sponsorship:

Signatures

Executive Director or Authorized Representative

Date

Community Foundation Use Only

Reviewed and Verified 501 (C) (3) Y_____ N_____

How will this event directly impact the South Lake County Community?

Signatures

Program Manager

Date

Executive Director

Date