

**Town of Georgetown**  
**Request for Donation & Sponsorship**

In order to evaluate the many requests that we receive, please provide us with the following pertinent information:

**Detailed description of the charitable organization and its cause**

---

---

---

---

---

---

**Contact Information**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number Street

City State Zip Code

Telephone: ( ) \_\_\_\_\_

**Is this a request for a financial donation? If yes, what value?**

---

---

---

**Date required:** \_\_\_\_\_

**How does this request relate to one of Town's key areas for charitable donations?**

---

---

---

---

---

**Provide details on any recognition that will be provided to Town of Georgetown. This could include media coverage, mention in promotion materials, signage, etc.**


**List of other donors. Indicate whether they are potential or committed.**


*Use Additional Sheets as Necessary*

Return Completed Requests to:

Town of Georgetown  
Attn: Town Manager  
39 The Circle  
Georgetown, DE 19947

FAX (302) 856-6348

***For Town Use Only***

Received: \_\_\_ / \_\_\_ / \_\_\_      Agenda: \_\_\_ / \_\_\_ / \_\_\_      Granted: \_\_\_      Denied: \_\_\_