



Letterkenny Credit Union Ltd.

High Road, Letterkenny, Co. Donegal ~ Tel. 074 91 24166 ~ Fax. 074 91 25258

SPONSORSHIP APPLICATION FORM

Event Name / Organisation:	Date of Application:
Registered Charity Number (RCN):	Has the Organisation filed Annual returns to the Charities Regulator? Yes / No
Does the Organisation have their most recent financial statement available if requested? Yes / No	Does the Organisation have their most recent tax clearance certificate available if requested? Yes / No

Purpose of Sponsorship:

Organisation Type:

Contact Name:	Contact Tel No. / E-mail / Mobile:
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Address:

Level of Sponsorship

Amount Requested € _____

Estimated Event Budget € _____ (if applicable)

Duration of Sponsorship _____

Note: Cheques will only be issued to organisations and not individuals.

Have you received sponsorship from Letterkenny Credit Union Ltd. previously?

If yes, please give details of sponsorship (e.g. dates, duration, purpose, amount)

List other potential sponsors (if applicable)

Date(s) of Event: ____ / ____ / ____ to ____ / ____ / ____

Length of Event(s): _____ days / months / years

Event Location: _____

Target Audience: _____

Estimated Attendance: _____

Describe in details how Letterkenny Credit Union Ltd. will be recognised as a sponsor?

Explain how the sponsorship will benefit the membership of Letterkenny Credit Union Ltd.?

Please send completed application forms and any documentation to:

**Sponsorship Committee,
Letterkenny Credit Union Ltd.
High Road,
Letterkenny,
Co. Donegal.**

OFFICE USE ONLY

Organisation		Date:
Sponsorship	Approved	Rejected
Reason		
Cheque	Payee & Cheque No.:	Date Issued: