



SPONSORSHIP / DONATION APPLICATION FORM:

Contact Name:

Phone Number:

Email Address:

Postal Address:

Name of Applicant or Organisation:

Briefly tell us in your own words what you know about Milligans Food Group:

Your organisations' legal status & purpose (*i.e an individual, group, club, sports group or community project, registered charity, etc*)

How many people belong to the organisation applying?:

How many people would benefit from this sponsorship/donation?:

Are you GST Registered?: YES / NO

IF YES GST Number:

Sponsorship/donation request (*please detail the type of support required e.g. supply of product, financial donation*):

Total Amount being requested from Milligans Food Group (if financial donation):

\$



Time frame (please detail the date of the event, or the duration of activity you are requesting the sponsorship for, use a separate sheet if necessary):

Budget (please supply a cost breakdown of your budget for this specific event, project or timeframe, use a separate sheet if necessary):

Benefits (please specify the benefits Milligans Food Group Ltd will receive in being associated with this sponsorship request). The more information you provide the easier it will be for us to process and evaluate:

Has the applicant/organisation applied for sponsorship or donations for the same purposes from any other source? YES / NO

If yes please provide a list of sponsors who have committed to date:

Why did you choose to approach Milligans Food Group Ltd with this sponsorship/donation request?:

Are you or your members, group, team, association etc customers of Milligans Food Group or one of Milligans affiliated companies?:



DECLARATION: (Please read carefully)

I declare that the information provided in this sponsorship/donation application is true and correct, to the best of my knowledge.

I have the authority to make the application on behalf of the applicant.

This Individual/organisation fully understands that any product and all monies received from Milligans Food Group Ltd can only be used for the purpose for which the grant was approved.

If the application is successful Milligans Food Group does require a receipt and written follow-up by the recipient (or nominated person) detailing outcomes from the sponsorship.

By accepting sponsorship from Milligans Food Group you are also agreeing to allow the company to use details of this sponsorship for publication/advertising for Milligans Food Group if the company so chooses.

*SIGNATURE: _____ *PRINTED NAME: _____

POSITION (if any) : _____

*DATE: _____

***REQUIRED FIELD**

Applicant Organisations' Bank:

Branch:

Account Number:

Name of Account *(this should match the name under which the application is submitted):*

OR attach a pre-printed deposit slip (note that personal bank accounts are not permitted)

Please keep a copy of this application for your records.