



The Greater Narellan Business Chamber

SPONSORSHIP/ DONATION REQUEST FORM

NAME OF ORGANISATION: _____

ADDRESS: _____

CONTACT: _____

PHONE: _____ EMAIL: _____

DATE OF EVENT: _____

PURPOSE OF EVENT: _____

ARE YOU A REGISTERED CHARITY FOR TAXATION PURPOSES? YES NO

GOODS/SERVICES REQUESTED AND \$\$ VALUE:

PROMOTIONAL OPPORTUNITIES: (Please provide evidence /details of how The Greater Narellan Chamber of Commerce will be acknowledged).

OTHER SUPPORTING INFORMATION: Briefly describe why The Greater Narellan Chamber of Commerce should consider your request, event management capabilities or any other information that may influence our decision to support your event.

On completion of this form please return to executive@narellanchamber.com.au or mail to **Po Box 78 Narellan NSW 2567**. Your application will have a greater chance of success if you allow The Greater Narellan Chamber of Commerce plenty of time for assessment. Preference is given to organisations who submit their application at least **six weeks prior** to the event. If you are not successful on this occasion but your event is held annually, please submit a request for assistance before December each year for inclusion in our business plan for the following year.

The Greater Narellan Business Chamber