



## Donation/Sponsorship Request

### Instructions

You may reproduce this form on your computer or type or legibly print the requested information. Please keep your answers as brief as possible. This application is also available on the web at [martinnorth.team/giving](http://martinnorth.team/giving).

“Martin North” in this application includes Martin North and any affiliated properties or companies to which you are submitting a donation/sponsorship request or from which you have received a donation/sponsorship in the past two years.

### All donation/sponsorship applicants:

Complete all of Section I and sign and date the application. Please allow 45 days for the Charitable Contributions Committee to review your request. Please note: We do not donate for the purpose of third-party giving (i.e., to an organization doing a fundraiser for another organization).

### I. All Donation/Sponsorship Applicants: Complete Section I.

Name of Organization: \_\_\_\_\_

Event: \_\_\_\_\_ Event Date: \_\_\_\_\_

What percentage of your organization's income is used for administration and fundraising? \_\_\_\_\_

Is this a nonprofit organization?  Yes  No

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Organization Web Address: \_\_\_\_\_

Executive Director (Mr. Mrs. Ms. Other): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Primary Contact, if other than Executive Director (Mr. Mrs. Ms. Other): \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

1. Amount Requested: \$ \_\_\_\_\_ Description: \_\_\_\_\_

2. Type of Request (check one):  Cash  Gift Certificate  Sponsorship  In-Kind (meeting space, food product, etc.)

3. Has the organization received a donation/sponsorship from Martin North or any of our properties in the last two years?  Yes  No

If yes, please list dates and amounts.

Date: \_\_\_\_\_ Description: \_\_\_\_\_

Date: \_\_\_\_\_ Description: \_\_\_\_\_

All Donation/Sponsorship Applicants: Section I. (Continued)

4. Please list any Martin North employees involved in your organization and their roles. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Referred by: \_\_\_\_\_
6. What are your organization's annual goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Please share your vision and purpose statements with us. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. For Cash Request: Complete Section II.

1. What are the timelines for the project and for fundraising? \_\_\_\_\_
2. How does this effort address a community need? Please describe the community and the clients that will benefit.  
\_\_\_\_\_  
\_\_\_\_\_

Authorization

The undersigned certifies that they are authorized to represent the organization applying for a donation/sponsorship and that the information contained in this application is accurate. The undersigned agrees that if a donation/sponsorship is awarded to the organization:

- (1) the donation/sponsorship will be used for the purpose outlined in the award letter and may not be expended for any other purpose without prior written approval from Martin North,
- (2) Martin North has received nothing of material value in exchange for the donation/sponsorship, and
- (3) information about the organization and the donation/sponsorship may be used by Martin North in any published materials.

Requested by \_\_\_\_\_ Printed Name \_\_\_\_\_  
Role within Organization \_\_\_\_\_ Date \_\_\_\_\_

Donation/sponsorship applications can be submitted: via fax to (503) 436-0546, hand delivered to Martin North at 148 East Gower in Cannon Beach or by mail to Martin North, P.O. Box 219, Cannon Beach, Oregon 97110.

