

## Rock and Armor

## **Donation and Sponsorship Request Form**

Check the box of the	donation program you are appl	ying for.		
Product	Monetary		Other (please specify)	
Organization/Inc	dividual Information			
Name of Organization	n:			
Name of Individual m	naking request:			
501c3/Tax Exempt ID	Number (if available):			
Phone Contact:				
Email:				
Event Information	on			
Event Title (if hosting	; an event):			
Event Date:				
Number of People At	tending Event:			
Additional Ques	tions			
1. Briefly state the m	nission and history of your orgar	nization.		
2. What will the mon	etary donation or goods be use	d for?		

3. What has been your history with Rock and Armor (ie what classes have you attended, PT, etc)?
4. How will Rock and Armor be recognized for a contribution to this event/cause?
5. Are you interested in creating a partnership beyond a one-time donation from Rock and Armor Please provide examples.
Date Submitted:
Please email completed application to rockandarmor@gmail.com