

Sponsorship & Donation Request Form

Email: ewillitzer@ppec.coop

Organization:			
Contact Name:			
Mailing Address:			
City:	State & Zip Code:		Phone Number:
Amount Requeste	d: D	ate Required: _	
Describe the purp	ose of the donation: Eve	nt sponsorship,	items needed, etc.:
_ Describe the val	ue to PPEC: Logo on prog	gram; name at e	vent, tickets to event, etc.:
Has PPEC sponsor	ed/donated to your orga	anization in the	past? YES / NO
If yes, what and w	hen?		
List any additiona	relevant information/c	omments:	
			he donation is approved, the goods
and/or money wil	l be solely used and expi	ressly for the pu	rpose listed.
Signature:			Date:
Send completed for	orm to:		
Paulding Putnam El	ectric Donation Request		
401 McDonald Pike	,		
Paulding, Ohio 4587	7 9		