

<b>Organisation / Charity :</b>	<b>Date of Application:</b>
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<b>Sponsorship _____ or Donation _____</b>	<b>Purpose of Support: Organisation Type:</b>	<b>Charity No #:</b>
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<b>Contact Name:</b>	<b>Contact No:</b>	<b>E-mail:</b>
<b>Position:</b>	<b>Mobile No:</b>	<b>Website:</b>

**Address:**

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**Level of Sponsorship/Donation**

Amount Requested € \_\_\_\_\_ Estimated Event Budge € \_\_\_\_\_ Duration of Sponsorship \_\_\_\_\_

Have you received sponsorship from Ballincollig Credit Union Ltd, previously? Yes \_\_\_ No \_\_\_

If yes, please give details of sponsorship ( dates, duration, purpose, and amount)

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List other potential sponsors (if applicable)

Date(s) of Event: \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_ Length of Event(s): \_\_\_\_\_ days / months / yrs

Event Location: \_\_\_\_\_ Target Audience: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Describe in detail how Ballincollig Credit Union Ltd will be recognised as a sponsor?

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Explain how the sponsorship will benefit the membership of Ballincollig Credit Union Ltd

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If your application is successful, please indicate to whom payment is made to & address it should be sent

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**Please send completed application forms and additional documentation to:**

**Marketing Department  
 Ballincollig Credit Union Ltd.  
 Harrington Street  
 Ballincollig  
 Co. Cork**

