

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

Address:

Level of Sponsorship/Donation

Amount Requested € _____ Estimated Event Budget _____ 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)

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?

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

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

Please send completed application forms and additional documentation to:

Secretary
Youth Development / Promotions Committee,
Ballincollig Credit Union Ltd.
Harrington Street,
Ballincollig,
Co. Cork

Application are reviewed only after each Quarter.

The Closing dates are as follows

1 st July 2018	1 st October 2018
1 st January 2019	1 st April 2019
1 st July 2019	1 st October 2019

