

APPLICATION FOR DONATION OR SPONSORSHIP

General Information		
Date:		
Name of Organisation:		
Contact Person:	Phone Number:	
Mailing Address:		
Email Address:		
Type of Event:		
Date of Event:	Location:	
Purpose of Event:		
Sponsorship Requested		

Who will benefit:		
If Taylor Pass Honey Co Ltd sponsor/opportunity for Taylor Pass Honey Co	donate to your organisation/event is there an Ltd to (please tick):	
☐ Place signage at your event	☐ Have ongoing advertising with your organization	
☐ Receive a report and photos of you	ır event □ Market to your membership/participants	
□Receive publicity in relation to the	event	
Have Taylor Pass Honey Co Ltd spons	sored this event before?	
□ Yes □ No		
Details:		
Please return this application form v	ia email to info@taylorpasshoney.co.nz	
Office use only		
Acknowledged:		
Decision:		
Replied:		
Approved/declined:		
Follow up/summary:		