



## Donation Request Application Form

Thank you for your interest in partnering with FMS Model. Please complete this application to ensure that we act in the best interests of both your organisation and ours. This ensures that the potential partnership is a good fit for us both and simplifies the planning process if we decide to move forward. We appreciate the organisations that help to keep our community strong, and we look forward to reviewing your request.

FMS Model is unable to guarantee a response to all donation requests due to the large volume of requests.

Please email the completed form at least 30 days before your event date to [support@fmsmodel.com](mailto:support@fmsmodel.com)

Today's Date: \_\_\_\_\_

### ORGANIZATION INFORMATION

Full Name of Your Company/Organization:

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Mailing Address (City, State, Zip Code, Telephone Number):

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Organization Website:

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Name of Contact & Title Relationship to Organization & Contact E-mail Address:

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## PROGRAM INFORMATION

Program or Event Name:

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Purpose of support:

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How will the funds raised for the program be used?

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How will a FMS donation assist your program?

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Area/Community the program will serve (Including event location):

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Estimated number of people served:

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Date of program/event:

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Signature of Applicant and Date:

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