



1435 NW 9TH STREET CORVALLIS, OR 97330
TEL (541) 752-7255 ONESTOPPARTYSHOP.NET FAX (541) 758-0079

DONATION REQUEST FORM

Please use the following form to request all donations and discounts. Due to the volume of requests for donations and discounts, we require that these applications be submitted 6 weeks prior to your event to ensure that we have time to review all requests fairly and at length.

Please fill out this application in its entirety with either print or type that is legible and be sure to sign the form at the bottom. We have had such a large request for our goods and services to be donated or discounted over the years that we are hoping to have this process cut back on the amount of time that we have to spend to make these decision processes as well as giving equal weight to each opportunity by having them submitted in a uniform matter.

Your organization or event will need to submit a new form for each request as no guarantees of sponsorship can be made from event to event. Although we truly do believe in and personally support many of the causes that we donate to, we see our sponsorship as advertising and marketing for our business. With this being said, we hope that our support of these causes will develop future opportunities for business with your organization as well as its members. If you foresee any opportunities for us to do future business with your organization or individuals, please mention this as it will enhance our consideration for your request.

Please mail or drop off your completed requests to our office at the address listed above. Please call if you need any assistance in completing this form.

Thank you,





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Organization Information

Date of Application: _____

Organization Name: _____

Organization Address: _____

Phone: _____ Fax No: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone Number: _____

Contact Email Address: _____

Summary of the Organization's Mission: _____

What is the mission of this event and the fundraising goal for the event: _____

Is the organization a 501(c)3 Tax Exempt Organization: _____ Tax ID Number: _____

Event Information

Name of Event: _____

Date(s) of Event: _____ Approximate Attendees: _____

Annual Event: _____ Year Started: _____

Who Attends / What is the Target Audience: _____

How do you promote the Event: _____

What promotion will Special Occasions receive if a donation is provided? _____

Is artwork/logo required for this: _____ What Media: _____ What format: _____

Donation

What type of donation and/or discount are you seeking? _____

Do you already have a Quote or Reservation: _____ Contract #: _____

If the donation is granted would Special Occasions receive the following: _____

_____ Sponsorship Package for the Event

_____ Table or Admission to the Event

_____ Attendee list with contact information

_____ Acknowledge Special Occasions during event

_____ Include Special Occasions in Press Releases and Advertising for the event

Has Special Occasions donated for this event in the past? _____ If so, Contract #: _____

What other rental companies does the organization(s) currently use: _____

Signature of Applicant: _____ Date: _____

Name of Applicant: _____