



2018 Make Smoking History Wagin Woolorama NEW SPONSORSHIP/DONATION FORM

Contact Name: _____

Business Name: _____

Address: _____ Postcode _____

Phone Number: _____ Fax Number: _____

Email: _____

Section(s) to receive benefits of sponsorship or donation

Section: _____ Class (if applicable) _____ Amount: _____

Section: _____ Class (if applicable) _____ Amount: _____

Section: _____ Class (if applicable) _____ Amount: _____

Sponsorship – Amount: \$5000+ \$150+

Total Value of sponsorship: Cash \$ _____ plus GST \$ _____ Total Paid \$ _____ *

If Product/Merchandise - Total Value of sponsorship: product: _____

Details (ie type, quantity and delivery) _____

Donation – Amount: Less than \$150

Total Value of donation: Cash \$ _____ (GST Free) *

Total Value of donation: Product: _____ If Product – please give details below

If Product/Merchandise - Total Value of donation: product: _____

Details (ie type, quantity and delivery) _____

*** Please include payment details of sponsorship or donation contributions in Combined Payment Form overleaf.**

Further comments and requests

Name _____ Signature _____

Date _____