## **Sponsorship Request Form**



CREDIT UNION	Name of Organisation									
Contact Name										
Phone										
Email										
Are you or your	organisation a n	nember of St. Canice'	's Credit Union							
Yes we are	No beca	iuse								
What is the nature of the support that you are looking for from St. Canice's Credit Union?										
Amount Reques	ted									
What the money will be used for										
Sponsorship typ	e '	Youth		Education						
(tick all that app	ly) I	Healthcare		Sport						
		Arts & Culture		Environment						
	1	Homelessness		The Elderly						
		Animal welfare		Charity						
	(	Other - please outline								

Outline your social media activity & no. of followers on the following social media p	olatforms
Facebook Instagram Twitter LinkedIn	Snapchat
Follower Numbers of each social media platform;	
Do you have a website? Yes we do No because	
If Yes: what is your website address	
Outline the demographic details of your target audience:	
How will you promote the event to your target audience:	
If this is an event; what are attendance number expectations	
& your event <u>advertising budget</u> figures?	
Describe the potential sponsorship benefits for St. Canice's Credit Union	
Can the St. Canice's Credit Union logo be displayed at the event?  Yes	No 📄
Can a St. Canice's Credit Union representative be present at the event? Yes	No 📗

propose would be a measure of the impact of our sponsorship.
Examples include but not limited to * Right to use photographs, video &/or story in St. Canice's Credit Union publications *radio mentions * logo on kit * logo on website * mentions and links on social media * space to hang a banner at event *Guaranteed mention of St. Canice's CU in all presentations * St. Canice's CU mentioned in all advertisements of event * Advertisements at event * Credit Union staff present at event *Speaking opportunity * Free passes * Free Tickets for Facebook competitions *Ability for Credit Union to set up stall at event *Other, please specify.  Are other organisations also sponsoring this event/initiative? Yes No  If yes, please list the organisations and the nature of their support:
Has St. Canice's Donated to your organisation in the past? Yes No
If yes, please outline when, for what etc.
Date sponsorship or donation is required by:

Is there any additional info	ormation you would like to a	dd in sup	pport of your appl	ication	
Please sign and date your	application:				
Signature:		Date:			
Office use Only	Sponsorship Approved		Yes	No	
Amount approved					
Approval Criteria:					
Any Special Conditions;					
Signature 1			Signature	2	
	-				