

SPONSORSHIP / FUNDRAISING REQUEST

To request sponsorship simply mail or email this completed application along with a cover letter and a copy of your 501(c) certification to the following address,

Attn: Marketing Department Sponsorships, Suparossa Restaurant Group, 4242 North Central Avenue, Chicago, IL 60634

This application must be received 4 weeks prior to your event. You will be contacted by a representative to inform you of the status of your request after it has been presented to the Sponsorship Committee.

ORGANIZATIONAL INFORMATION

Organization/Group name: _____ Federal Tax ID #: _____

Do you have a 501 (c)3 non-profit certification? ___yes ___no

Contact name: _____ Contact title: _____

Organization address: _____ City/state/zip: _____

Phone: _____ Fax: _____ Email: _____

PROGRAM/EVENT INFORMATION (COMPLETE WHERE APPLICABLE)

Program/event: _____ Event date: _____ Location of event: _____

Is there a print deadline? ___yes ___no Do you need a logo? ___yes ___no

If yes, please specify how it will be used? _____ How many people are expected at your event? _____

Please describe the nature and purpose of your program and event. Attach an additional sheet if necessary:

REQUEST INFORMATION

What would you like us to donate? (Please be as specific as possible.): _____

Have we donated to your organization's program or event in the past? ___yes ___no

If yes, what amount and date? _____

Our customers like to know how we support our community. How will we be recognized as a sponsor of your organization, program or event? _____

For Office Use Only

Response of Committee: _____

___ Approved ___ Not Approved Signed by: _____



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