



MARTIN HOSPITALITY

DONATION/SPONSORSHIP REQUEST **Date:** _____

Instructions

You may reproduce this form on your computer or type or legibly print the requested information. Please keep your answers as brief as possible. This application is also available on the web at martinhospitality.com/charitable.

“Martin Hospitality” in this application includes Martin Hospitality and any affiliated properties or companies to which you are submitting a donation/sponsorship request or from which you have received a donation/sponsorship in the past two years.

All donation/sponsorship applicants: Complete all of Section I and sign and date the application. Please allow 45 days for the Charitable Contributions Committee to review your request.

I. All Donation/Sponsorship Applicants: Complete Section I.

Name of Organization: _____

Event: _____ Event Date: _____

What percentage of your organization’s income is used for administration and fundraising? _____

Is this a nonprofit organization? Yes No

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Organization Web Address: _____

Executive Director (Mr. Mrs. Ms. Other): _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Primary Contact, if other than Executive Director (Mr. Mrs. Ms. Other): _____

Title: _____ E-Mail Address: _____

Telephone: _____ Fax: _____

1. Amount Requested: \$ _____ Description: _____

2. Type of Request (check one): Cash Gift Certificate Sponsorship In-Kind (meeting space, food product, etc.)

3. Has the organization received a donation/sponsorship from Martin Hospitality or any of our properties in the last two years? Yes No

If yes, please list dates and amounts.

Date: _____ Description: _____

Date: _____ Description: _____

All Donation/Sponsorship Applicants: Section I. (Continued)

- 4. Please list any Martin Hospitality employees involved in your organization and their roles. _____

- 5. What are your organization's annual goals? _____

- 6. Please share your vision and purpose statements with us. _____

II. For Cash Request: Complete Section II.

- 1. What are the timelines for the project and for fundraising? _____
- 2. How does this effort address a community need? Please describe the community and the clients that will benefit. _____

Authorization

The undersigned certifies that they are authorized to represent the organization applying for a donation/sponsorship and that the information contained in this application is accurate. The undersigned agrees that if a donation/sponsorship is awarded to the organization:

- (1) the donation/sponsorship will be used for the purpose outlined in the award letter and may not be expended for any other purpose without prior written approval from Martin Hospitality,*
- (2) Martin Hospitality has received nothing of material value in exchange for the donation/sponsorship, and*
- (3) information about the organization and the donation/sponsorship may be used by Martin Hospitality in any published materials.*

Signature of Requester and Your Role within the Organization *Date*

Donation/sponsorship applications can be submitted: via fax to (503) 436-0546, hand delivered to Martin Hospitality at 148 East Gower in Cannon Beach or by mail to Martin Hospitality, P.O. Box 219, Cannon Beach, Oregon 97110. For further information, please call (503) 436-1197.

