Deniliquin Ute Muster Donation Request Form

To be considered for a donation, please complete the form below and email it to jilll@deniutemuster.com.au

Charity/ Organisation Name: _		
Contact Name:		
Contact Phone:		
Contact Email:		
Contact Address:		
Town:		P'Code:
Date Applied:// Event Name:/		
Event Date:/// Event Venue:		
Type of Fundraiser: □ Raffle □	Auction Other –	please specify
Type of donation: \square Tickets \square	Merchandise ☐ Gift	Voucher
Please specify:		
Proudl	v Ausi	ralian
Advertising opportunities for t	he Deni Ute Muster:	
□ Pop Up Banner □ Posters □	Flyers Facebook Facebook	□ Website
Has the Deni Ute Muster suppo	orted your organisat	ion previously?
□ Yes □ No		
If yes, how?		
Please Note: All requests will be assessed or and no discussion will be entered into. The		
Office Use Only:		
Date:/	☐ Accepted	□ Denied
Donation Given: \square Tickets Qty:		
\square Merchandise - Receipt Number: _		