



DONATION APPLICATION FORM

Please follow this format. Attach any additional information to support the request. These may include flyers and other promotional material. Please limit to a maximum of five (5) pages.

NAME OF ORGANIZATION:	
ADDRESS:	
PHONE:	
FAX:	
EMAIL:	
CONTACT PERSON:	
TITLE:	

IS ORGANIZATION/INDIVIDUAL A PAN CARIBBEAN CUSTOMER? YES _____ NO _____

IF YES, PLEASE INDICATE TYPE OF ACCOUNT _____

HAVE YOU PREVIOUSLY REQUESTED SPONSORSHIP? YES _____ NO _____

IF YES, WHEN _____

AMOUNT BEING REQUESTED \$ _____ AMOUNT RECEIVED TO DATE \$ _____

IS INDIVIDUAL A STAFF MEMBER &/OR MEMBER OF THE ORGANIZATION? _____

WHAT IS THE HISTORY OF THE ORGANIZATION? Please attach details on an additional page, if necessary.

WHAT IS THE ORGANIZATION'S PURPOSE?

FOR WHICH PROJECT(S) IS FUNDS BEING SOUGHT? Please provide details of event/project that is, time, date, deadline, etc.

STATEMENT OF NEED (Please attach additional page, if necessary)

HOW DOES THIS PROJECT RELATE TO PAN CARIBBEAN FINANCIAL SERVICES LIMITED'S DONATION POLICY DOCUMENT? (Refer to guidelines)

OVERVIEW OF THE PROJECT

1. IF YOUR PROJECT HAS STARTED, WHAT HAS BEEN ACCOMPLISHED SO FAR? WHAT REMAINS TO BE COMPLETED?

2. WHO ARE THE BENEFICIARIES THAT ARE TARGETED BY THIS PROJECT?

3. WHAT OTHER PROJECTS HAVE BEEN COMPLETED IN THE PAST YEAR?

4. WHAT ARE THE BENEFITS TO THE INDIVIDUAL OR ORGANIZATION IF THIS DONATION IS APPROVED?

5. WHAT ARE THE BENEFITS TO OUR COMMUNITY IF THIS DONATION IS APPROVED?

6. WILL PAN CARIBBEAN BE ABLE TO DISPLAY THEIR BANNER?

7. WILL PAN CARIBBEAN BE ABLE TO DISPLAY BUNTING? IF SO, ARE THERE ANY RESTRICTIONS?

COMMUNICATIONS PLAN

Describe your plan for communicating information about this program to the community and individuals who may benefit from your program. Please include the following:

- How the program will be promoted
- What kind of coverage will the contributor receive on the day of the program
- Will the contributor's name be mentioned throughout the program and how often
- Will the program receive media coverage, if so what type and on what dates

TOTAL NUMBER OF PAGES SUBMITTED (Including attachments and official request letter): _____
DATE SUBMITTED: _____