

SUBMISSION DATE	
EVENT DATE + TIME Min. 3 weeks prior to event date	
NAME OF REQUESTING ORGANISATION	
CONTACT INFORMATION Please include Name, E-mail address and Telephone number	
WHAT IS THE EVENT? Please include estimated number of attendees.	
WHAT TYPE OF SPONSORSHIP ARE YOU REQUESTING?	□Gift Certificates □Coupons □Food □Beverages □Gift Basket
PLEASE LIST WHICH PRODUCTS AND QUANTITY THAT YOU REQUIRE Use a separate page if required	
DATE OF COLLECTION OF ITEM/S	
HOW WILL NATEX BE RECOGNISED FOR OUR CONTRIBUTION?	
Once completed please e-mail this form to c.graham@natex.de and we will review upon receiving. We will respond to your request within 7 working days.	
As we receive several donation requests, not every request will be approved.	

Thank you for understanding.



	OFFICIAL USE ONLY
TOTAL COST PRICE OF DONATION	
AUTHORISED BY AVP NATEX	□Yes □No
G/L DATE	