SAN FRANCISCO CLUB FOR THE DEAF, INC.

SPONSORSHIP REQUEST

DATE: _____

Organization: _____

Submitted by: _____

Non-Profit ID: _____

Address: _____

City, State, Zip: _____

TTD, Email, Fax: _____

Description for the sponsor request and in return a description what SFCD will expect.

_____

_____

_____

Request breakdown amount and description	Amount
	$
Total Amount	$

Total Amount Approved: $_____ date of board approval: _____

Not approved by board on date: _____
Reason(s) for disapproval if any :_____

Any questions concerning the Sponsor Request please contact SFCD Event Director.