



DONATION OR EVENT SPONSORSHIP REQUEST

EVENT INFORMATION

EVENT NAME: _____ EVENT DATE: _____

EVENT LOCATION: _____ HOW MANY YEARS HAS THIS EVENT TAKEN PLACE: _____

IS THIS A NON-PROFIT FUNCTION? YES NO NON-PROFIT / TAX ID (IF APPLICABLE): _____

WHAT IS THE GOAL OF THE EVENT? _____

PLEASE DESCRIBE THE EVENT: _____

WHERE OR TO WHOM ARE THE EVENT PROCEEDS DONATED? _____

WHAT IS THE EXPECTED ATTENDANCE? _____

HAS UMAREX USA DONATED TO THIS EVENT IN THE PAST? YES NO

ARE YOU CURRENTLY AN UMAREX USA DEALER/RETAILER? YES NO

WHAT WOULD BE A GOOD DONATION FOR THIS EVENT? (BE SPECIFIC) _____

SHIPPING INFORMATION

PLEASE SHIP DONATION TO: _____

ATTN: _____

ADDRESS FOR DONATION TO BE SENT: _____

PERSONAL CONTACT INFORMATION

NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

PLEASE SEND THIS COMPLETED FORM TO UXdonations@UmarexUSA.com.

