

Donation Request Form

PLEASE SUBMIT AT LEAST THREE MONTHS PRIOR TO EVENT. PLEASE PRINT LEGIBLY.

Event: _		Date:
Contact Name:		
Estimated # of Attendees:		Previous # of Attendees:
Average Age:		Average Income:
Average Education:		
Donation	n You Are Requesting:	
Is Ben David Jewelers the Event's Exclusive Jeweler?:		
If No, How Many Other Jewelers Will Be Participating?:		
Description of Expected Media Coverage:		
What Wo	ould Our Contribution Entail?: (Check all that	apply.)
[] Ad in program.		
	Size:	
[] Name and logo on print advertising.	
_		
[] Name and logo on TV advertising.	
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Į	Mention in radio advertising.	
	Stations(s):	
г	Amount of buy: \$	
l] Name and logo on banners or event signage	
Event Lo	cation(s):	
] Tickets to the event.	
	Number:	
[] Box seating or use of entertainment area.	
[] Other:	

Please fax back to: 434.792.6444 or email to mark@bendavidjewelers.com. Call 434.792.6561 with any additional questions.