



Alaskan

Events & Catering, LLC

REQUEST FOR CHARITABLE SUPPORT APPLICATION FORM

Current Date: _____ Event Contact Person: _____

Event Contact Person Phone, Fax and e-mail address:

Phone: _____ Fax: _____

E-mail: _____

1. Name of Fund Raising Event _____

2. Event Dates: _____

3. General Description Of Planned Event:

4. Goal of Planned Event (Financial and Non-Financial)

5. Estimated Number of People who will be reached by pre-event promotional support.

6. What kind of Alaskan Events & Catering, LLC Support is being requested? (Please include a physical description of services, estimated value, if applicable, and any other information relating to specifics).

7. How would this requested support benefit Alaskan Events & Catering, LLC?

8. Has this event been staged before and if so, what results were generated?

9. What type of person(s) will you be directing your promotional message to in the course of fulfilling your fund-raising mission?

10. What is the geographic reach of your planned fund-raising event? (Anchorage, Mat - Su, Eagle River, Girdwood)

11. Would support from Alaskan Events & Catering, LLC result in a tax deductible receipt?

12. Additional information you feel we should know about your event.

Please return this completed form by mail to:
(using attached additional information if applicable)
Gerald Pelto, General Manager
8086 Timb Cr
Wasilla, Alaska 99654
907 746 4181