

DONATION & SPONSORSHIP REQUEST FORM

Please complete the following contact information:

Name / Organization:					
Address:					
City:		State:		Postal code:	
Contact Person:		Contact Number:		Email:	

Event Details:

Name of Event or Project:				
Event/Project Start Date:		Event/Project Location:		
Event/Project Short Description:				
Estimated Number of Attendees or Participants:		Amount Requested:		

Please send the form to SOGDC by fax 088 21 5771 or email hatty@sogip.com.my / ferelanne@sogip.com.my . Kindly attached Company Registration Certificate or Registrar of Societies (RoS) Registration document.

Signature & Company Stamp
Date:

(For office use only)	
Received by,	Vetted by,
_____	_____
Name:	Name:
Designation:	Designation:
Date:	Date: