Valley FiberCom
Application for Donation/Sponsorship

Date of Event: _____

Location of Event: _____

Type of Event: _____

Name of Organization: _____

Address: _____

Contact Name & Number: _____

Type of Request: Cash ☐ Item/Product ☐

If a cash donation, who should the check be made payable to? _____

Have we donated to your organization in the past? _____

If so, what/how much? _____

Please give a brief description of your organization:

_____

_____

_____

Please explain how the funds will be used and how our participation will benefit people in the areas we serve:

_____

_____

_____

Will our company be recognized for the donation? If yes, please explain:

_____

_____

_____

Valley FiberCom – PO Box 7 – 102 Main St S – Herreid, SD 57632
Ph: 1-866-45FIBER – www.valleyfibercom.com