

**CARDINAL ETHANOL, LLC
SPONSORSHIP/DONATION REQUEST FORM**



Date: _____

Employee Name (If Applicable): _____

Organization Requesting Sponsorship/Donation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Amount Requested: _____

What is the purpose of this Organization? _____

What will requested funds be used for? _____

What benefits will Cardinal receive from sponsoring/donating to this Organization? _____

If accepted, who should check be written to? _____

Any other comments? _____

Signature

Date

For Office Use Only:

Approved: _____ Denied: _____

Letter or phone call made approving or denying claim: _____

Signature of Approval/Denial

Date