



## Sponsorship Application Form

### Applicant Information

Organisation name:

Registered business name:  
(if different to above)

ABN:

Registered for GST?  Yes  No

### Organisation Address

Street address:

Suburb:

State: Postcode:

Postal address:  
(if different to above)

Suburb:

State: Postcode:

### Contact Details

#### Primary Contact Details

Title: First Name: Surname:

Phone (Daytime): Phone (Mobile):

Email: Position:

#### Secondary Contact Details

Title: First Name: Surname:

Phone (Daytime): Phone (Mobile):

Email: Position:

Does your organisation bank with the Lancelin branch and **Community Bank**<sup>®</sup> Branch?

Yes  No

**Project Information**

The following information is about the project for your sponsorship request.

**Project Title/Name:**

**Project Description** *(What do you want the money for? Please describe your project.)*

**Outline the primary objectives of the project and the needs of the community to be targeted.**

**Outline the community groups and/or community members that will benefit from your project.**

**Approximately how many people will benefit from your project?** *(e.g. 5, 20, 50)*

**Sponsorship amount requested** *(inc GST):* \$

**What is the start and end date of the project?**

Start date of project:

End date of project:

## Project Budget

Please provide project budget details, ensuring all applicable fields are completed.

### Income

GDCFSL Funding Requested	\$	
Other Funding received	\$	<i>(Brief description of who funds received from)</i>
Other Funding requested	\$	
Own Contribution	\$	<i>(e.g. Fundraising)</i>
In-Kind support	\$	<i>(e.g. Donation of goods /services)</i>
Other	\$	
<b>Total Income</b>	<b>\$</b>	

### Board Requirements

How will your organisation meet the Bank's requirements? Please describe how you will promote the Bendigo Bank as part of your project, namely;

Naming rights:

Support and promote customers and business to our bank:

### Declaration by applicant

We understand and certify that we have been authorised to submit this application and that the information contained therein is to the best of our knowledge true and correct:

Name: Position:

Signature: Date:

Name: Position:

Signature: Date:

**All completed forms must be returned to GDCFSL PO Box 308 Gingin WA 6503**

**Privacy** Bendigo and Adelaide Bank Limited is committed to ensuring your privacy is protected and understands your concerns regarding the confidentiality and security of the personal information you provide. The information contained in this form will be held by the Gingin **Community Bank**® Branch or Lancelin branch and may be disclosed to Bendigo Bank and organisations that carry out functions on behalf of Bendigo Bank. Our full privacy policy is available online at [www.bendigobank.com.au](http://www.bendigobank.com.au). Bendigo and Adelaide Bank Limited. ABN 11 068 049 178 AFSL 237879. (03/14)