



Rehabilitation Association of Mississippi Sponsorship and Donation Request Form

Note: Request for donations must be received at least 10 business days before the event.

Today's Date: _____ **Event Date:** _____

Name of Organization: _____

Contact Person: _____ **Email Address:** _____

Amount Requested (must be specific dollar amount): _____

Date Donation is Needed: _____

Please provide a detailed description of how the requested funds will be utilized.

Please provide an explanation of how the requested funds will impact the person/organization.

Please describe how or if the Rehabilitation Association of Mississippi will be recognized as a contributor for this event/project.

**Please return this form to rehabassociationofms@gmail.com. Your request will be reviewed by the RAM board at their next scheduled board meeting. You will be contacted by a board member once the review is complete.*