



Visit Beloit Charitable Request Form

(Choose one)

Gift Basket

Sponsorship

Organization Name: _____

Contact Person: _____

Contact Person Title: _____

Email: _____

Phone: _____

Organization/Event Website: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Name of Event: _____

Date and Time of Event: _____

Value of Basket/Sponsorship Request _____

Date Needed By: _____

Summary of Event (Attach any supporting documents):