



# URANUS APPLICATION FOR CHARITABLE DONATION AND / OR SPONSORSHIP

Return completed form to Uranus Marketing office or scan and email to [natalie@uranusmissouri.com](mailto:natalie@uranusmissouri.com) or mail to Uranus Missouri attn: Marketing, 14400 Highway Z, St. Robert, MO 65584

**To be completed by organization:**

Select one: IRS designated 501(c)(3) organization  Public School  Community organization

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact name: \_\_\_\_\_ Contact phone: \_\_\_\_\_

What service does your organization provide to the community? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide web addresses to (all that apply):

Website: \_\_\_\_\_

Facebook page: \_\_\_\_\_

Instagram: \_\_\_\_\_

Other: \_\_\_\_\_

Are you requesting a monetary donation? (circle one) **YES** **NO** What is the dollar amount? \_\_\_\_\_

If yes, how will that be used? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you requesting a donation of products or goods? (circle one) **YES** **NO**

If yes, what products or goods are your requesting? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are requesting products or goods, how do you intend to use them? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you requesting sponsorship? (circle one) **YES**    **NO**

If yes, please explain, in detail, what sponsorship from Uranus would require: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any organization that is granted their request agrees to provide Uranus a receipt, for tax purposes, upon receipt of their granted request, whether that is goods, monetary donation, or sponsorship. Please check the box below, stating you understand this requirement.

Yes, I understand that if my organization is granted its request, that we must provide a receipt for tax purposes upon receiving any grant of the request.

**Organization representative:** By signing below, I acknowledge that this form represents a request for funding, sponsorship or products from Uranus, and is NOT a guarantee of receiving that request. I also assert that I have the legal ability to represent my organization. All organizations requesting donations or sponsorship must abide by the rules and guidelines set forth by Uranus. This request will not be processed unless completed and signed, in full.

Signature of representative: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

All requests must be received between January 1 and January 31, at the beginning of each year, in order to be considered for an award for that year.

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**For office use only, requestor does not fill out below the dotted line.**

Date request was received: \_\_\_\_\_ Order of request \_\_\_\_\_

Received by \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation: \_\_\_\_\_

Approved? (circle one) YES    NO

Signature of person giving approval : \_\_\_\_\_

Date of approval : \_\_\_\_\_