



ALLIANCE DISPOSAL
780-538-0551

SPONSORSHIP FORM

Organization: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Contact Name: _____ Title: _____

Ph. Number: _____ Email: _____

Sponsorship: Amount: \$ _____

Gift-in Kind: _____

Date sponsorship is needed: _____

Describe the purpose of the sponsorship:

Describe your organization type:

- Environmental
- Youth
- Education
- Wellness/Physical Activity
- Community
- Waste reduction

City/town of operation?

- Grande Prairie
- County of Grande Prairie
- Town of Sexsmith
- Other: _____

How many people will be reached?

- Less than 5,000
- 5,000-10,000
- 10,001-25,000
- 25,001-50,000
- Greater than 5,000

Length of sponsorship impact on the community:

- Less than 1 year
- 1-5 years
- 5-10 years
- 10+ years

How long will the sponsorship be visible?

- Less than 1 year
- 1-5 years
- 5-10 years
- 10+ years

Describe how will Alliance Disposal be recognized?

- Logo on promotional material
- Social media
- Website
- Program
- Signage
- Other: _____