

## DUC/AUC SPONSORSHIP FORM

Criteria:

- 1) We must receive information at least one month in advance.

Event/Activity/Team Name:

Event Date:

Benefactor 5013C Tax ID # if applicable:

Event/Activity/Team Description and how it reflects the values of Durango Urgent Care/Aztec Urgent Care (health/fitness/community)

Number of Participants:

Number of Spectators:

% of Proceeds to charity:

Number of Years event has occurred:

Has Durango Urgent Care/Aztec Urgent Care sponsored this event in the past?

If so, when?

Please describe what you would like us to donate for this event:

Type of recognition DUC will receive: Please be specific.

Printed Materials:

Press coverage:

Radio:

Social Media:

Website:

Banner Placement:

Other:

Are you willing to send us photos/videos of event and of advertising placement at event?

Any other information you feel we should know:

Main Event Sponsor:

Event Website:

Contact Name:

Contact Email:

Contact Phone Number:

Contact Address:

