

# Event Sponsorship Application

*Please use the Contribution/Grant application for all program or project related requests*

Submission Date: \_\_\_\_\_ Deadline: Event Date: \_\_\_\_\_

Deadline: Event Materials\*:

**\*Rockland Trust and its affiliated Charitable Foundations require a minimum of six weeks' notice prior to the event materials deadline to review all event sponsorship requests.**

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

Event Name: \_\_\_\_\_

Contact Name / Title: \_\_\_\_\_

Contact Email address: \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

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

Is your organization a 501(c)3 non-profit organization? \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Is your organization a United Way member agency? \_\_\_\_\_

Executive Director (or comparable individual): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**ORGANIZATION'S DESIGNATED REPRESENTATIVE WITH SIGNATORY AUTHORITY TO COMPLETE THE APPLICATION.  
Please add your signature to the document using E-Sign technology or print, sign, and return the document electronically:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

## **AUTHORIZATION TO SHARE BANKING RELATIONSHIP INFORMATION WITH FOUNDATIONS**

If your organization has a banking relationship with Rockland Trust, the Designated Representative by submitting this application authorizes and directs Rockland Trust to share with our affiliated charitable foundations any and all information regarding your organization's banking relationship with Rockland Trust.

**PRINT AND SOCIAL MEDIA**

Approval of the sponsorship includes permission for Rockland Trust to post information and photographs in print and on social media platforms. Photography waivers may be required.

**PROPOSED SPONSORSHIP OPPORTUNITY**

**Amount of Request \$**

**ORGANIZATION INFORMATION:**

**Mission, Goals, and Objectives of your organization**

**Attach a brief summary of the sponsorship proposal**

**Describe the purpose that the sponsorship would fulfill**

**Who will be served and how will they benefit?**

**Market area and income segment of those served**

**Status of sponsorships from other organizations, including \$ amount**

## **SPONSORSHIP OPPORTUNITY DETAILS**

Please attach separately a description of all sponsorship levels, including pre- and post-event publicity opportunities.

## **PROGRAM AD DETAILS**

All requests for program ads must be received a ***minimum of six weeks'*** prior to the organization's PUBLICITY deadline. Complete information must be received before the request will be reviewed.

1. DEADLINE FOR SUBMITTING AD MATERIALS
2. DIMENSIONS OF THE AD IN INCHES - ALL SIZES
3. FORMAT ACCEPTED ELECTRONICALLY
4. BLACK/WHITE OR COLOR
5. EMAIL ADDRESS FOR SUBMITTING MATERIALS

## **ATTENDANCE**

Please list the face value cost of a single ticket to the event, as well as the "non-tax deductible" portion of the ticket price.

## **ROCKLAND TRUST RELATIONSHIP**

### **PRIOR SUPPORT**

If the organization has received funding from Rockland Trust or the separate charitable foundation affiliated with Rockland Trust in the last three years, please indicate the amount received and how the money was used.

### **COLLEAGUE ENGAGEMENT**

If a Rockland Trust colleague is involved with your organization, please list their name, degree of involvement, responsibility, and/or leadership role, and length of service.

**GENERAL:**

- Attach a copy of IRS letter confirming organization's federal tax-exempt 501(c)3 status
- Attach the most recent fiscal year-end financial statement of the organization
- Current list of organization's leadership (as applicable)

**PLEASE SEND COMPLETED APPLICATION AND OTHER REQUIRED INFORMATION TO:**

Rockland Trust  
Mailing Address: 288 Union Street, Rockland, MA 02370  
Attention: Jeanne Travers  
Phone – 781-982-6637  
Fax – 508-732-7630

Please review Rockland Trust's Giving Guidelines at: [www.RocklandTrust.com](http://www.RocklandTrust.com)