

Brooke Telecom

connecting rural communities since 1911

Donation & Sponsorship Request Form

Request Date: _____

Organization Name: _____

Address: _____

Contact Person: _____

Name of Event or Project _____

Type of Request: Financial Support Item or Product

Description of Request: _____

Date Needed: _____

Please submit request to Brooke Telecom Co-operative Ltd. at least 3 weeks prior to date needed.

Request form available online at www.brooketel.ca

For Internal Use Only Date Reviewed _____

Approved Donation _____

Declined-Reason _____ Date _____

Follow Up Response _____ Date _____

Check Request by: _____ Date _____