



PTCI Application for Donation/Sponsorship

Name of organization: _____

Mailing Address: _____ City _____ ST _____ ZIP _____

Contact Name: _____

Contact Phone Number: _____

If a monetary donation, checks should be made out to: _____

Mailing Address: _____ City _____ ST _____ ZIP _____

Have we donated to your organization in the past? Yes _____ No _____

If so, what/how much and when? _____

Type of Request:: **Please circle one**

Financial Support or Advertising /Amount _____ or Goods/Services _____

Description _____ Other _____

Date of Event _____ Deadline for Answer: _____

Please give a brief description of your organization.

Please explain how the donation(s) will be used.

Will PTCI be recognized for the donation? If yes, please explain how.

Please attach flyers or any additional information that is available.

Return to: PTCI
Donations/Sponsorships
PO Box 1188
Guymon, OK 73942

Fax: 580-468-6252
e-mail: donations@ptci.net
Phone: 580-338-2556
or 800-562-2556

For Internal Use Only

Date Reviewed _____

Approval Code: PR KEPR KCPR AD KADV Check Requisitioned by: _____ DT _____

Declined Follow-up by: _____ Letter or Email or Telephone Call DT _____

Declined Reason Code _____