



Hammond Hispanic Community Committee
824 Hoffman Street, Hammond, IN 46327
Tel. # 219-757-1836

**Hammond Hispanic Community Committee
Donation Request Form**

Date of Request:

Organization Name:

Name of Requester:

Business Phone/Cell Phone Number: ()

E-Mail Address: @

Type of Request: Charitable Donation Sponsorship Event Support

Name of Event or Sponsorship:

Amount Requested: \$ _____.

Date of Event: Location of Event:

Date donation is needed:

Information about Event/Sponsorship and how the proceeds will be used:

Number of people attending:

Previous sponsorship/donation awarded from HHCC?

YES NO

If answer is yes, please provide a date/event and amount awarded:

Does sponsorship include a program advertisement? YES NO

If answer is yes, when is program advertisement due? _____

Timeline/Deadline for decision:

(All supporting documentation and request must be received a minimum of 30 days prior to the event)

**Organization/Company must be in good standing with the HHCC attendance policy in order to request funds. (Attended minimum of 70% of general meetings for previous calendar year.)*

Please submit completed form to Hammond Hispanic Community Committee
Mail: 824 Hoffman Street, Hammond, IN 46327 or Email: Admin@hhccin.com
If Donation approved, please submit feedback on event/sponsorship to the HHCC within 30 days.