

SPONSORSHIP REQUEST FORM

Organization/Entity Name:		
Organization/Entity Contact Info	ormation:	
Requestor Name:		
Phone Number:		
Event Coordinator Name	:	
Phone number:		
Address:		
Email Address:		
Amount Requested:		
Form of Payment Requested:		
In sponsorship of:		
Housing Build	Conference	Event
Other (please specify)		
What benefits does THDA receive from the sponsorship? (please attach sponsorship menu with all levels and benefits included)		
Approved by requestor's CEO/E	xecutive Director/app	ropriate approving authority:
Print Name	Signature	

Email completed form to: RequestSponsorship@thda.org

Requests will be reviewed/responded to within five (5) business days. Approval of funds may take longer.