

Community Support Application

Complete this application and submit to marketing@tbtc.net along with your W-9 at least 30 days prior to your event.

Organization / Group name:		
Federal Tax ID number:		
Do you have a 501 (c) 3 non-profi	t certification? Yes No	
Contact name:		Contact title:
Organization address:		_ City/State/Zip:
Phone:	_ Fax:	Email:
Please describe the purpose of yo	ur organization and its primary b	eneficiaries:
	, ,	
Program / Event Information		
Program / event:		Event date:
Is there a print deadline? Yes	No	If yes, what is the date?
Do you need our logo or Ads?	Yes No	If yes, please specify?
How many people are expected a	t your event?	
What cities or countries will be ser	ved?	
Please describe the nature and purpose of your program or event:		
Request Information		
-	manusiantiana ta danata? (Dlacas	
•	·	be as specific as possible):
Has Tularosa Communications donated to your organization's program or event in the past? Yes No		
If yes, what amount and date?		
Has Tularosa Communications alre	eady contributed to your progran	n or event? Yes No
If yes, what amount and date?		
Our customers would like to know sponsor of the organization/progra		How will Tularosa Communications be recognized as a