



Christchurch Sunrise Rotary Club Trust

Donation/ Partnership Agreement with Sunrise Donuts Ltd.

Applicant Details (Donor Recipient):

Name of applicant / organisation: _____

Address of applicant / organisation: _____

Key contact Name: _____

Mobile: _____

Email: _____

Description of organisation, its purpose:

Please describe the partnership event providing the donut sales opportunity:

_____ Date: _____

Key contact at Sunrise Donuts: _____

Funding Request/Negotiated Donation

Gross Sales less Expenses 40%, Balance % split with applicant: _____

Payment information: Bank account name: _____

Bank account number.

Please provide a deposit slip or screen shot of account to confirm account is valid.

Signed by the applicant: _____

Date: _____

Partnership approved for action: _____ **Date:** _____

Company Director on behalf of Sunrise Donuts Ltd.

Post Event Action

Please amount to be transferred to the Sunrise Trust account \$ _____

Donation Amount Approved for Payment by Sunrise Donuts Ltd to donor recipient

Amount: \$ _____ **Date:** _____

Please pay within 7 days of the event

Signature of Director of Sunrise Donuts Ltd: _____

Follow up of Donation

Report received. **Date** _____

Invoice received. **Date** _____

Receipt received. **Date** _____