



Mailing Address:  
Marketing Department  
B1 – Administration  
6455 Macleod Trail South  
Calgary, AB T2H 0K8  
E-Mail: chiinfo@cadillacfairview.com  
Fax: (403) 258-1004

# Community Involvement Sponsorship Request Form

Please fill in the information below and submit by e-mail, mail or fax.  
A Marketing Representative will respond to your request within 2  
weeks upon receiving request.

## CONTACT INFORMATION

Organization: \_\_\_\_\_

Charitable Registration Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## EVENT INFORMATION

Event Date: \_\_\_\_\_

Event Description: ( You may attach a letter outlining your request or proposal ) \_\_\_\_\_

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Brief description of your group, company, organization and the goals/objectives to be realized through  
sponsorship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_