



## SAFE DRIVING WEEK 2024 OFFICIAL SPONSORSHIP APPLICATION

Complete and Return to Hunter's Fund

P.O. Box 326, McLean, VA 22101 or **scan** and **email** to hunter.piland@hunterwatson.org

Please Accept our Applic	ation for S	ponsoring			ind Distr			ipus.	
Name of Chapter:			Nar	me of School:					
Our Mailing Address  My Name	Street Address								
my Nume				Street Address					
City		State Zip		Email A		Address (School)			
Possible Tabling Date(s)			Phone		Email A	ail Address (Other)			
Number of "Undergrad Campus" Students Number			rs of M	embers (incl Pledo	ges) Chapter Instagram Handle			Proposed Sorority Partner	
Menu of Events									
Number of Tables to Staff Name(s) of Po			sible Table Locations			I	Wristbands ☐ Generic School-specific (for campaigns with commitment of 1,000 pledges or more)		
Please Check the Followin			rdinat	te					
Philanthropy Options (Che	eck the bo	xes)							
Classy Awareness Campaign	Chapter Zoom Sign-Up			Alumni / Parent Sponsorship E-mail Series  SPONSORS S  - Market - Market  - Market			Dares for Donations  DARES FOR DONATIONS	Sorority Partnership	
Instagram Venmo   Venmo Me	Dine & Donate Event			☐ Pie-a-Phi Psi			Local Sponsorships	Your Idea Phi Psi Feud Dunk Tank Sk, Fun Run Cookout Your Idea:	
Chapter Responsibilities									
To make Safe Driving Week a s  ☐ Confirming with our school they approve of us holding ☐ Confirming with our Greek ☐ Confirming approval for oul ☐ Obtaining a minimum 10 ☐ Providing an Member Emacy (Please attach with applica	ol (usually t g this event a Council a gur tabling l student pla ail Roster fo	he Activiti oproval of ocations. edges per	es Offi this ev memb	ce) that	ase attach gning a r rdinate th chapter co verage of	h with app minimum ne Campa ommits to b 10 text m	olication) of 3 dedicated ( ign ouilding awarenes	ild awareness among parents  Committee Members to  s by requiring each member to send to support the program, resulting ther.	
Campaign Support									
We have the support of the organization to help make	t Name:	Name: President Email:							
Chapter Advisor Name:					Chapter Advisor Email:				
Date Application Prepared: Your Nam			ne:			You	Your Title or Position		
*If you need community service po	oints, please	notify Hunt	er's Fun	d early so we have tir	ne to tell t	he school be	efore their deadline		
FOR OFFICE USE	Name:								
Approved by Hunter's Fund: Date:	Title:					Signature:			