# Ahold Delhaize Sponsorship application

Please complete the below application form and send it to: media.relations@aholddelhaize.com

|  |  |  |
| --- | --- | --- |
| Name of organization  |  |  |
| Full address |  |  |
| Contact name and role |  |  |
| Telephone number  |  |  |
| Email address  |  |  |
| Name of activity, event or project |  |  |
| Nature of the organization |  |  |
| Principal activities of the organization |  |  |
| Purpose of seeking the sponsorship  |  |  |
| Details of the activity, event or project |  |  |
| Specific contribution requested |  |  |
| Start date:  |  | End date |  |
| Has KAD sponsored you before? If yes, please indicate when. |  |
| How will this activity, project or event be promoted? |  |
| Please explain how you expect your sponsorship application to benefit KAD (exposure). |  |