



Sponsorship Application Form

Date received:	
Clinic:	
Name of organisation / fundraiser:	
Date of event:	
Contact person:	
Phone:	
Email:	
Recipient:	
Vetlife client?	Y <input type="checkbox"/> N <input type="checkbox"/>

Sponsorship request details:

What do you perceive to be the benefits of this sponsorship to Vetlife?

Previously sponsored (date/amount):

Comments:

Please return your application to:
helen.williamson@vetlife.co.nz
 or Vetlife Head Office
 Private Bag 71000 or
 325 Pages Road
 Timaru 7910

Office Use

Approved? Y N

By: _____

Amount: _____

Date: _____