



Sponsorship Request - Diversity Program Application Instructions

To apply for sponsorship consideration, please send a completed application, a copy of the organization's 501(c)3 certification, a cover letter and any additional materials to:

H-E-B Diversity Department
North/River
646 S. Main Ave.
San Antonio TX 78204

-or-

(210) 938-7809 fax

The request will be reviewed and/or approved by the Diversity committee. This form is used for consideration purposes only. Submission of this document does not guarantee approval of the request.

All sponsorship requests must be submitted 60 days prior to the event/program. Please allow 30 business days for a written response.

The Diversity department primarily supports 501(c)3 nonprofits that promote diversity and inclusion by serving minorities, women, people with disabilities, or the LGBT community.



Sponsorship Request - Diversity Program Application

ORGANIZATIONAL INFORMATION (PLEASE PRINT)

Organization/group name: _____ Federal Tax ID Number: _____

Do you have 501 (c)3 non-profit certification? Yes No

Contact name: _____ Contact title: _____

Organization address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please describe the purpose of your organization and its primary beneficiaries: _____

PROGRAM/EVENT INFORMATION (COMPLETE WHERE APPLICABLE)

Program/event: _____ Event date: _____

Event location: _____ Sponsorship payment deadline: _____

Do you need an H-E-B logo or ad? Yes No Is there a print deadline? Yes No
If yes, specify size/type _____ Date: _____

Do we receive a booth or table for the event? Yes No # of seats/booths: _____ May we sample H-E-B products at the event?
Yes No N/A

How many people are expected at your event? _____ What cities/counties will be served? _____

Please describe the nature and purpose of your program/event. Does your event support or promote diversity and inclusion? If so, explain how.

REQUEST INFORMATION

What would you like H-E-B to donate? (Be specific; include sponsorship levels and details if applicable): _____

Who benefits from the proceeds of any money generated from the event? _____

Has H-E-B or Central Market donated to your organization's program or event in the past? Yes No
If yes, what amount and date(s)? _____

Would you like H-E-B Partners to volunteer if possible? Specify tasks. _____

Our customers like to know how we support our community. How will H-E-B be recognized as a sponsor of your organization, program or event? _____