Donation Request

Please Print

Please Check One:

Merchandise Donation Monetary Donation Name of Event:___ Name of Charity/Benefactor: Brief description of the Event: Date of Event: _____ Location of Event: ____ Number of people expected: _ Amount expected to be raised: _____ How will the proceeds be used? Contact Person: Address: State: _____ Zip: _____ City: Phone: _____ Email: Donation Requested: How will donation be used? When is donation needed by? If donation request is granted, who is authorized to pick up donation? Tax ID Number, If applicable: OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE Date received: Received by: Previous Requests: Y/N If Yes, Donation of: _____ Reviewed by: Date: _____ Comments: _____

Date:

Donation picked up by: