



Donations Request Form

Event Date: _____ Event Time: _____

Organization Receiving Donation: _____

Organization Sponsoring Event: _____

Event: _____

Location: _____

Type of donation: _____

(auction/raffle item, door prize, etc)

Primary Contact: _____

Address: _____

Phone: _____ Alt. Phone: _____ Fax: _____

Email: _____

Secondary Contact: _____

Address: _____

Phone: _____ Alt. Phone: _____ Fax: _____

Email: _____

Please attach any flyer, brochure, or letterhead pertaining to this event along with documents showing the organization's 501c3 status. You may return this form by mail, fax, or email.

Your donation will be processed at least 2 weeks prior to your event. All organizations will be contacted regardless of approval or decline of your request.