



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: _____

City: _____ State: _____ Zip: _____

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: _____

Donation picked up by: _____ Date: _____