



8886 South Sandy Parkway Blvd, Sandy UT 84070
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➔ PLEASE FAX COMPLETED FORM TO (801) 563-1119 ➔

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: _____
Phone: (____) _____ E-mail: _____

Donation Requested: _____
How will donation be used: _____

When is the donation needed by: _____
If donation request is granted who is authorized to pick up the donation: _____

Office use only – please do not write below this line

Date received: ___/___/___ Received by: _____
Previous Request: ___ YES ___ NO Reviewed by: _____
Donation Granted: ___ YES ___ NO

If yes, donation of: _____
Comments: _____

