

Donation Request Form

Please Print

Check one:

Merchandise Donation

Monetary Donation

Name of Event: _____

Name of Charity/Benefactor: _____

Brief description of 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 Code: _____

Phone: _____ email: _____

Donation Requested: _____

How will donation be used: _____

Date donation is needed: _____

If donation request is granted, who will be authorized to pick it up? _____

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: _____