



Hello,

Thank you for considering Skip Fordyce Harley-Davidson as a possible donor for your organization or event.

As you may know, we have been a community leader for over 65 years. As a result, we get an enormous amount of requests for donations. To make the distributions fair and to help as many charitable organizations as possible, we request that you complete the attached form(s). Please be as detailed as possible.

Also, please note that monetary requests can be submitted once a year and a limited amount of merchandise is set aside for donations. **We hope you are aware that we are not able to grant all requests due to such a high volume.**

Skip Fordyce Harley-Davidson will review these requests in a monthly committee meeting. Due to this fact, please submit your request at least **30-days before** the donations are needed.

Completed donation forms may be mailed, faxed or handed in to the receptionist at:

Skip Fordyce Harley-Davidson  
Attn: Marketing & Promotions Dept.  
7688 Indiana Avenue  
Riverside, CA 92504-4150  
Fax: (951) 785-4964

You will be notified if your request is granted. Thank you in advance for your cooperation.

Sincerely,

Stephanie Richards  
Marketing Department  
[stephanie.richards@skipfordyce.com](mailto:stephanie.richards@skipfordyce.com)



7688 Indiana Avenue – Riverside, CA 92504-4150  
Phone: (951) 785-0100 – Fax: (951) 785-4964  
[www.skipfordyce.com](http://www.skipfordyce.com)

# Donation Request Form For Community Outreach

*Please Print*

Organization Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Tax Exempt# \_\_\_\_\_ (Please provide a copy of your government exemption certificate with this form)

Brief Description of the Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Items Requested:  Monetary: \$ \_\_\_\_\_  Sponsorship: \$ \_\_\_\_\_

Merchandise \_\_\_\_\_  Other: \_\_\_\_\_

How will this/these item(s) be used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you requested donations from us in the past?  Yes, we have Date: \_\_\_\_\_  
 No, we have not

When is donation needed by? \_\_\_\_\_ Amount expected to be raised: \$ \_\_\_\_\_

What programs/services does your organization offer? \_\_\_\_\_  
\_\_\_\_\_ How many people take advantage of these? \_\_\_\_\_

Generally, we cannot provide delivery of donated goods. Can your organization arrange for pick-up?  
 Yes  No If so, who is authorized for pick-up? \_\_\_\_\_

Has the governing board approved a policy, which states the organization does not discriminate to age, race, religion, sex, sexual orientation, or national origin?

Yes If yes, when? \_\_\_\_\_  No

**An officer of the organization's governing body must sign this application:**

The undersigned, an authorized officer of the organization, does hereby certify that the information set forth in this application is true and correct, that the Federal Tax Exemption determination letter attached hereto has not been revoked and the present operation of the organization and its current sources of support are not inconsistent with the organization's continuing tax exempt classification as set forth in such determination letter.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME & TITLE:** \_\_\_\_\_

**Office use only:**

Donation Granted: Y N Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Donation: \_\_\_\_\_