



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) 785-4915

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

Sincerely,

Jennifer Dabney
Marketing Department
jennifer.dabney@skipfordyce.com



7688 Indiana Avenue – Riverside, CA 92504-4150
Phone: (951) 785-0100 – Fax: (951) 785-4915
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: _____