

DONATION REQUEST FORM

OUR COMPANY IS DEDICATED TO HELPING OUR COMMUNITY BY SUPPORTING LOCAL SCHOOLS AND ORGANIZATIONS.
PLEASE TAKE THE TIME TO FILL OUT THE REQUEST TO BETTER HELP US UNDERSTAND YOUR NEEDED FUNDS OR DONATIONS.

Organization Name _____

Contact Person _____

Address _____

City _____

State _____

Zip _____

Organization's Phone _____

Contact's Phone _____

E-mail _____

Website _____

Are you a customer of our company? Yes No

Have you place previous requests to our company? Yes No

If YES, when and for what reason? _____

What do you intend to do with the donation? _____

Do you plan on advertising the donors? Yes No

How soon is the donation needed? _____

Additional Information _____

ONCE THE APPLICATION IS COMPLETED, PLEASE RETURN.
IF YOUR DONATION IS APPROVED, YOU WILL RECEIVE NOTIFICATION EITHER BY MAIL OR PHONE.

OFFICE USE ONLY

Application Approved _____ Signature _____

Application Denied* _____ Date _____

*Reason for being denied _____