

Donation Request Form

Name of Organization: _____

Date of Event: _____

Event Title & Location: _____

Contact Person's Name: _____

Contact Person's Phone # or
email: _____

Is your organization a legally
recognized non-profit with a
valid 501(c)3? _____

What is your 501(c)3 number? _____

Please describe your event (# of
people, what it's for, etc) _____

Will there be alcohol served?
What types? _____

What type of donation are you
requesting? Financial, giveaway
item, etc _____

For internal use only**

Value of Product: _____

Sales Tax: _____

Please complete & return 2 weeks prior to event.*****