

# 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.\*\*\*\*\***