



DONATION & SPONSORSHIP REQUEST FORM

Please Fill Out All Information Completely

Date _____

*Incomplete forms will not be considered.

Name of Organization/Group/School/Event: _____

Contact Person _____ Phone _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

Tax Status: Personal Non Profit Business Government, Tax ID _____

Type of Event _____ Date of Event _____

Event Description (be specific, the cause, who benefits, etc.) _____

(Please note , all requests must be received 30 days prior to event date)

Specific Type of Request

Gift Card (\$ _____) Check (\$ _____) (Payable To: _____)

Merchandise (Type _____) (Amount _____)

Discount on Merchandise

How will the donation be used? _____

Print Advertising Size _____ Cost _____ Format _____ Color: Y/N, B&W: Y/N

Office Use Only:

Date Received: _____

Donation Request Filled: Yes / No

Donated Item(s): _____

Donated Value: _____

Ver 3.22