



**DONATION, SPONSORSHIP  
& CHARITY REQUEST FORM**

Date of Request: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization's Mission Statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tell Us About Yourself: \_\_\_\_\_

\_\_\_\_\_

Population/Area Served: \_\_\_\_\_

Specific Project Of Need That Is Being Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type Of Donation Being Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Needed: \_\_\_\_\_

Event: \_\_\_ Y (If Yes, completed the following:) \_\_\_ N

Type of Event: \_\_\_\_\_

Number Of People Expected To Attend: \_\_\_\_\_

If The Event Is To Be Advertised, Please Tell Us How This Will Be Done: \_\_\_\_\_