



## Donation Request Form

Please fill out this form and fax it to the number below.

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

Organization Address: \_\_\_\_\_

Organization Phone: \_\_\_\_\_

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

Item Request: \_\_\_\_\_

Event Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Event Date: \_\_\_\_\_

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

Is the Organization tax-exempt? \_\_\_\_\_

Organization Tax-exempt Number: \_\_\_\_\_

For Office Use Only:

Approval: \_\_\_\_\_ Approved by: \_\_\_\_\_

Date Letter Sent: \_\_\_\_\_ Mail \_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Approval date: \_\_\_\_\_ Value of Donation: \_\_\_\_\_

Donation Item: \_\_\_\_\_

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