



Donation Request Form

Event Flyer must accompany this form

Name of Event: _____

Name of Charity/Beneficiary: _____

Brief Event Description: _____

Date of Event: _____ Event Location: _____

Number of People Expected: _____

Amount Expected to be Raised: _____

How the proceeds will be used: _____

Contact Information: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

How donation will be used: _____

Donation due date: _____

Agent authorized to pick up donation, if request is granted: _____

Tax ID Number, if applicable: _____

OFFICE USE ONLY

Date Received _____ Received By _____

Previous Requests Y / N

If Yes, list past donation approvals _____

Reviewed By _____ Date _____

Comments _____

Donation picked up by _____ Date _____