



St. Paul H-D

Donation Request Form

St. Paul H-D strives to be an outstanding corporate citizen. It is our intention to make contributions to strengthen the education, well being, and health of children, adults, and organizations of need, as the finances of our company permits. We recognize that there are many causes worthy of our support, however we feel that sometimes focusing our efforts in certain areas we can better serve the community. **Request must be submitted NO LESS than 30 days prior to event.**

St. Paul H-D will respond to your contribution request if it falls within the scope of our chosen efforts and we have the funds available in our budget. We do not base our decision upon whether our own self-interests will be helped by our responding or hurt by our not responding. Requests take 2-4 weeks and longer to process. Feel free to follow up with us.

- A. Is your organization or event clearly a non-profit or charity? If not, we consider you to be a valuable customer and thank you for your patronage.
- B. Is your request coming from an organization which will improve the education, health, and/or well-being of our community? _____
- C. Does contributing to your organization touch on our areas of interest, if so how? _____

Date _____ Name _____
 Organization _____ Phone # _____
 City, State, Zip _____

About your organization:

- 1. Is your organization a 501 (c) or 3? (Please submit tax exempt form) _____
- 2. Has you previously received a donation from our organization, if so what? _____
- 3. Your relationship to our organization? _____
- 4. Organization's contact person for the donation: _____
- 5. Organization's executive director: _____
- 6. Organization's Board President: _____

About the Donation:

- 1. The event at which the donation will be used: _____
- 2. The event's goal: _____
- 3. The exact donation your are seeking: _____
- 4. What will the donation be used for? _____
- 5. How many people do you expect to attend the event? _____
- 6. Recognition to donors (at event, prior subsequent, print, etc.)? _____

Logistics:

- 1. Date needed? _____
- 2. Time needed? _____
- 3. Who will pick it up? _____
- 4. Phone # _____

Please fill out COMPLETELY and email to: info@stpaulhd.com, or drop off in person at the Motorclothes Counter and address to: **ATTN. Marketing Manager**

St. Paul H-D, 2899 Hudson Blvd., St. Paul, MN 55128 PH: 651-738-2168

For Corporate use Only: Approved _____ Respectfully Declined _____ By _____
 Date _____ Charge to Account _____