

EVENT/ DONATION

REQUEST FORM



Name of Event: _____

Date of Event: _____

Organization Name: _____

Point of Contact: _____

Email: _____

Phone: _____

Type of Donation Requested:

Ride: Gift Card: Merchandise: Other: _____

Amount of Donation Requested: _____ Date Needed: _____

Tell us about your Organization: _____

For Office Use ONLY

Approved: Denied: Approved by: _____ Donation Date: _____ Followup Date: _____

Donation Given: _____