



Donation Request Form

Organization Name: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

Name of Event (where donation will be used):

Date of Event: ____/____/____

Organization Mission:

Has your organization received a donation from us in the past? (Please circle one)

YES

NO

NOT SURE

Is your organization Tax-Exempt?

YES

NO

If yes, ID Number (Tax ID form may also be sent over via email): _____

Is someone from the event team able to pick up the donation? YES NO

If no, please include the address of where the donation should be mailed to in the comments section below.

Additional Comments:
