



Donation Request Form

Event: _____ Date: ____/____/____

Organization Name: _____

Type of Organization (civic, non-profit, etc.) _____

Organization Website: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Title: _____

Contact Email: _____

Contact Phone: _____

Description of event and/or community served:

Anticipated Number of Participants: _____

FOR OFFICE USE

Services or goods provided: _____

Market value: \$ _____ Approved by: _____