



Date: _____

Donations Request Form

Thirty (30) day advance notice is required

Organization Information	
Name of organization requesting donation _____	Phone number _____
Address of organization _____	City, State & Zip Code _____

Organization Background

Individual's Information	
First & last name of individual requesting the donation _____	Phone number _____
Relationship of individual to organization _____	

Information about Donation Request

Donation Request: _____

How will it impact people: _____

Date of Event _____	Is the organization an official non-profit (501-C3) ?	Deserving Categories Circle all that apply
Date _____	Yes _____	Food
Donation needed _____	No _____	Education Housing

Signature of applicant

Date

Office Use

Donations Coordinator must correctly complete all fields, verify information, and attach copies of the tax exempt letter, applicant's valid State Identification or Drivers License to this form		Approved: _____
Remark: _____		Denied: _____
Donation Coordinator's Printed Name: _____		
Donation Coordinator's Signature: _____		