

## DONATION REQUEST FORM

### CONTACT INFO

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone # \_\_\_\_\_

Name of organization requesting donation \_\_\_\_\_

Explanation of organization's mission/focus  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of type of donation requested (amount/item etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Explain how donation will be used  
\_\_\_\_\_  
\_\_\_\_\_

Date donation needed \_\_\_\_\_

Individual Requesting Donation Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

*All donation requests must be completed and mailed to or dropped off at the address listed above. The Group Community Involvement Committee, along with management, reviews all donation requests and will reach out prior to the above deadline, if approved.*