



2009 DONATION REQUEST FORM

Date: _____

Organization: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Event Name: _____ Event Date: _____

Overview of Event: _____

Do you plan any publicity around the event? _____

Donation you are requesting: (Please circle each that applies)

Financial Tickets Apparel Memorabilia Other

How will donated item be used?: _____

Have we contributed to your organization in the past? Yes or No

Are you a non-profit organization? Yes or No

Does your organization have an IRS 501-C3 status? Yes or No (If yes, please attach form)

Please do not fax or e-mail requests. U.S. Mail only

<u>For MIS Office Use Only</u>	
Approved _____	Denied _____
Signature _____	Date _____
Item/Amount _____	