



DONATION REQUEST FORM

Date: _____ Deadline for Request: _____

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Title: _____

Contact Phone: _____ Contact Email: _____

Description of services provided and community served:

Dollar amount requested: _____

Name and description of event or activity:

Dates of activity: _____ through _____

Anticipated number of participants: _____

Make check payable to: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Recommendation from board Approval/Denied recommended amount \$ _____

If recommended by board, date for GMM presentation: _____