

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.