



CONTRIBUTION REQUEST FORM

In order that we may expedite requests for contributions, we are asking your organization to provide the following information to us. Upon receipt of this information, it will be reviewed by our Contributions Committee. You will then be notified of their decision.

NAME OF
ORGANIZATION: _____

FEDERAL I.D. #: _____

MAILING ADDRESS: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

WHAT ARE YOU ASKING US TO CONTRIBUTE? (i.e. money, merchandise, etc.) _____

HOW WILL THIS CONTRIBUTION BE USED? _____

APPROVED BY: _____

DATE: _____