



## Organization Information

Name of Organization: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

## Requesting Individual's Information

Your name: \_\_\_\_\_

Your title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

## About Your Organization

What is the purpose of your organization?  
\_\_\_\_\_

Is this a for-profit or nonprofit organization?  
 for-profit  nonprofit

Has the organization received a donation from us in the past?  
 Yes  No

Is this organization a customer of our company?  
 Yes  No

## Donation Information

How will the donation be utilized? \_\_\_\_\_

Will specific mention be made of our support?  
 Yes  No

Date of the event: \_\_\_\_\_ Date donation is required by: \_\_\_\_\_