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COMMUNITY RELATIONS DEPARTMENT  
DONATIONS REQUEST

Date: \_\_\_\_\_

Employee Name:	Emp #	Gp/Br	Ext.
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Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

My involvement with this group is: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Example: golf tournament, fund raiser, silent auction, etc.

Date Of Event: \_\_\_\_\_

Pick up Date: \_\_\_\_\_

**Please note:** following the Foundation's guidelines, there will be only one donation per year to each organization.