



Rebecca Rogers, Executive Director

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**DONATION REQUEST FORM** - Fill out this information and email to contact above.

DATE OF REQUEST: \_\_\_\_\_ DATE NEEDED: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ORGANIZATION WEBSITE: \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_

ITEMS REQUESTED: \_\_\_\_\_

DESCRIPTION OF EVENT/PROGRAM \_\_\_\_\_

ORGANIZATION CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OFFICE USE ONLY:

DATE RCV'D \_\_\_\_\_

RCV'D BY: \_\_\_\_\_