



Nonprofit Name: _____

Contact Name: _____

Address: _____

Phone/Email: _____

Tax ID/EIN #: _____

Type: Charitable 501c3 Other Nonprofit (501c ____)

School Group Faith-Based Other _____

Nonprofit's Mission Statement: _____

Category of Nonprofit:

Youth and Education

Humanitarian

Health and Wellness

Emergency

Recreation and Environment

Animals and Wildlife

Creative and Cultural Arts

Community and Service

History and Culture

Donation Request

Date: _____

Donor/Business Name: _____

Contact: _____

Reason for Request: _____

Item/Service/Amount Being Requested: _____

Timing/Deadline: _____

Other Details: _____

Materials Needed for Business Recognition:

Business Logo

Item Name

Item Description

Item Restrictions/Expiration

(Return completed request form to Business)

For Business to Complete

Donation Approved

Donation Denied

Contact again? Yes No

Donation Date: _____ Reason: _____

Item Name: _____

Item Description: _____

Donation Amount/Value of Goods & Services: _____

