

REQUEST for CHARITABLE CONTRIBUTION

ALL REQUESTS FOR CHARITABLE CONTRIBUTIONS WILL BE REVIEWED ON THE 25TH OF EACH MONTH FOR THE FOLLOWING MONTH

DONATION REQUEST INFO:

Requested by: _____

Date Requested: _____

Date Needed: _____

Donation Items Requested	Value

NAME/ADDRESS of CHARITY/ORGANIZATION:

Name of Requesting Organization	
Street Address	
City, State, Zip	
Phone #	
Email Address	
Website (if Applicable)	
State Sales Tax Certificate #	

DESCRIPTION of CHARITY/ORGANIZATION:

(Provide a Brief Description and Purpose of the Organization)

DESCRIPTION of ACTIVITY at WHICH the DONATION WILL BE UTILIZED:

(Provide a Brief Description of the Purpose and Desired Outcome of the Activity)

AUTHORIZATION:

Donation Items Authorized	Value

Jason R. Pond

Date

