



DONATION APPLICATION

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| Name of Organization: |
| Address: |
| City: |
| State: |
| Zip code: |
| Contact person: |
| Position: |
| Phone Number: |
| E-mail address: |
| Are you a Trust, Incorporated Society, Non-profit organization or Other? |
| If other, please specify: |
| Name of principal officers: |
| State your organization's purpose and objectives: |
| How long has your organization existed? |
| Is your organization responsible to or controlled by any other organization? |
| Event Name: |
| Event Date: |
| Please state the purpose of the donation: |
| How many attendees do you expect: |
| Has Donsuemor donated to your organization in the past? Date? |
| Is there any additional information you would like to tell us about this request? |

Signature

Date