



DONATION REQUEST FORM

Date: _____

Organization: _____ 501 (C) (3) Yes No

Contact Person: _____

Phone: _____ Email: _____

Name of event: _____ N/A

Date and time of event: _____ N/A

Location: _____

Date and time when donation is needed: _____

Purpose of event is (please select):

Fundraiser Environmental Education Sports Health & Wellness Arts/Music Other

Please explain:

If an event, number of people expected to attend: _____

If an event, please describe briefly Is there a fee or ticket price for attendees, who is your intended audience, what is the aim or goal of your event, etc.?

Type of donation requested is (please select):

Food Money Gift or Gift Basket Sponsorship

In-kind (please explain) _____

Other (please explain) _____

Anything else you would like to tell us about your organization or that you think might be helpful to us in making a decision

SBFC Use:

Request received date _____ Accepted: Yes No

Donation: _____

SBFC contact person: _____ Value: _____

Pick up date/info: _____ Marketing materials included: _____