

# DONATION REQUEST APPLICATION 2009

## Information

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Numbers: Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Donation Information

Purpose Of Organization: \_\_\_\_\_

Donation Type: \_\_\_\_\_

*( Auction, Event, Direct Donation )*

Qty of Attendees \_\_\_\_\_ Date Needed: \_\_\_\_\_

## Product Requested

Item 1 \_\_\_\_\_ Qty \_\_\_\_\_

Item 2 \_\_\_\_\_ Qty \_\_\_\_\_

Item 3 \_\_\_\_\_ Qty \_\_\_\_\_

Item 4 \_\_\_\_\_ Qty \_\_\_\_\_

## Shipping Restrictions

Domestic: \_\_\_\_\_

International: \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

## Non Profit ID Number

EIN: \_\_\_\_\_

*(Employer Identification Number)*

Charity Number: \_\_\_\_\_

*(State Charities Bureau Registration number)*

## Requester

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_