

Donation/Sponsorship Request Form



Organization Name: _____

Organization URL: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Title: _____

Contact Email: _____

Contact Phone: _____

Name and Description of Event or Activity (or attach flyer)

501(C)(3) Organization: _____ YES _____ NO id # _____

Date of Activity: ____/____/____ through ____/____/____

Office Use Only:

Date Received: _____ Tax-Exempt: _____ CGB Member: _____

Staff Initial: _____ Date Reviewed: _____ Date Sent: _____ Denied _____

Previous Donation Dates: _____