

## 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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Office Use Only:

Date Received: \_\_\_\_\_ Tax-Exempt: \_\_\_\_\_ CGB Member: \_\_\_\_\_

Staff Initial: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Date Sent: \_\_\_\_\_ Denied \_\_\_\_\_

Previous Donation Dates: \_\_\_\_\_