



# Community Support Day Donation Request Form

***Please complete the following information: (please print or use computer)***

Name of Organization: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Please briefly outline the history of your organization:**

**Is there a specific project for which the contribution will be used?**

**How many members does your organization have?**

**How would you publicize the event to your members and to the public?**

**Tell us about other fundraising events your organization has held. Which were the most successful?**

**From what other sources do you receive major funding?**

**We require a brief evaluation of the program for which the funds are contributed. How long after the donation could we expect your report?**

**Names of your organization's key officers or board members:**

**Application prepared/submitted by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Additional brochures or information may be attached to this application*