



Request for Donations

DATE OF REQUEST: _____

REQUESTED BY (ORGANIZATION): _____

PHONE NUMBER: _____

FUNDRAISER FOR: _____

CONTACT PERSON: _____

MAIL TO ADDRESS: _____

FUNDRAISER DATE: _____

REQUESTING WHAT: _____

DONATION GIVEN & VALUE: _____

PROGRAM MANAGER'S APPROVAL: _____ DATE: _____

SUPT. APPROVAL: _____ DATE: _____

CERTIFICATE PRINTED: _____

SENT, DATE: _____

READY FOR PICKUP/ CONTACTED ORGANIZATION, DATE: _____

COMMENTS: _____

PLEASE ATTACH COPY OF REQUEST LETTER TO APPLICATION TO BE PROCESSED.

ROUTING:

SALLY SWARTHOUT _____

CATHY JAPUNTICH _____