



## DONATION REQUEST FORM

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

What does your organization do: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are you requesting (be specific): \_\_\_\_\_

\_\_\_\_\_

How will the requested funds/items be used and who will this impact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

501(c) 3:  YES  NO \*If yes please provide number: \_\_\_\_\_

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

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

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

**Please complete and return to:**

Donation Requests Attn: HR - Donations

3580 N. Hobart Rd. Hobart, IN 46342

Email to: [donations@lukeoil.com](mailto:donations@lukeoil.com) or Fax to: 219.962.3685

**Internal use only:**

Decision: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Payment Processed: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_ Account: \_\_\_\_\_ Month: \_\_\_\_\_ Class: \_\_\_\_\_

Please attach completed form to payment, and return to HR - Donations