



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:

Attention: Donation Requests
3580 N. Hobart Rd. Hobart, IN 46342

Internal use only:			
Decision :	_____	Approved by:	_____
		Date:	_____
Amount :	_____	Payment Processed:	_____
		Date:	_____
Company:	_____	Account:	_____
		Month:	_____
		Class:	_____
Please attach completed form to payment.			