



**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

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