



DONATION REQUEST

Applicant Information

Name/Organization: _____ Date: _____

Event: _____

Date and place of event: _____
Person/Business being solicited: _____

Type of solicitation:

<input type="checkbox"/>	Monetary (if so how much) \$ _____	<input type="checkbox"/>	Volunteer of time and/or assistance	<input type="checkbox"/>	Merchandise (purpose, size, and approx. cost) _____ _____	<input type="checkbox"/>	Other (please explain) _____ _____ _____
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Additional comments:

Signature _____ Date _____

Approval

Form received by Development
Date: _____ Initials: _____

APPROVED

NOT APPROVED

Signature _____ Date _____
Carol M. Gresham

Fulfillment of Donation

Date solicited: _____ Name of person solicited: _____

Was solicitation successful? Yes No

If Yes, describe the donation received: _____ Value: \$ _____

Additional comments:

Signature _____ Date _____

Printed Name _____

Form received by Development
Date: _____ Initials: _____