

Pals Donation Request Form

Name of organization requesting donation: _____

What type of donation are you requesting? Circle all that apply:

Monetary Product Other (explain): _____

Address of organization: Street Address: _____

City: _____ State: _____ Zip code: _____

Phone number of organization: _____

Name of organization's primary contact: First: _____ Last _____

E-mail address of primary contact: _____

Please tell us your organization's purpose or Mission Statement: _____

Please tell us what geographical area you represent or serve: _____

How will your organization use the items/money donated?: _____

How will our contribution benefit the community? _____

When do you need the donation? Donation requests are processed every two weeks, so it may not be possible to get your donation prior to 14 days: _____