

# Donation Request



- Product
- Cash

Location:

Staff Member: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Organization Name	501(c)3?	Requested Submitted by	Contact Information

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff/Customer Relationship: \_\_\_\_\_

\_\_\_\_\_

Instructions: Attached formal request from organization. If Staff member or Customer is personally involved with organization, note nature of involvement.

## ***Internal Use Only***

Memo # If Approved	Date	Donation	Approved by