

FAZIO'S DONATION REQUEST FORM

ABOUT YOUR ORGANIZATION

Organization Legal Name*

Executive Director

Address*

City*

State*

ZIP*

Organization Email*

Phone*

Fax

Website

IRS 501(c)(3) Nonprofit?*

Yes No

Organization Mission Statement*

Total Board Members*

Number of Volunteers*

ABOUT CONTACT PERSON

Name & Title*

Contact Phone*

Contact Email*

Amount or Item Requested *

Please provide a summary of the project &/or event

****NOT ALL SUBMISSIONS WILL BE SELECTED. WE WILL CONTACT YOU IF YOUR ORGANIZATION IS CHOSEN FOR A DONATION.***