



## DONATION REQUEST FORM

### Contact Information

Organization:\* \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ 501-C-3?:\* Yes No

First Name:\* \_\_\_\_\_ Last Name:\* \_\_\_\_\_

Phone:\* \_\_\_\_\_ E-mail:\* \_\_\_\_\_

Street Address:\* \_\_\_\_\_

Address (cont.): \_\_\_\_\_

City:\* \_\_\_\_\_ State:\* \_\_\_\_\_ Zip Code:\* \_\_\_\_\_

Website:\* \_\_\_\_\_

Mission Statement:\* \_\_\_\_\_

### Event Information

Event Date:\* \_\_\_\_\_ When do you need to receive the donation?:\* \_\_\_\_\_

Event Location:\* \_\_\_\_\_

# of Attendees:\* \_\_\_\_\_

Provide a brief description of the event:\* \_\_\_\_\_

What type of donation/value are you requesting?:\* \_\_\_\_\_

Requested Item(s):\* \_\_\_\_\_

We have read the [donation policy](#) and agree to provide a letter of acknowledgement, PR photo and participate in cross promotional efforts.

Requests will be considered on a first come, first serve basis. We encourage you to submit your request 60 days prior to your event. We do not accept requests by phone.

Please email the completed form to [inquiries@blacksandpublishing.com](mailto:inquiries@blacksandpublishing.com).



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