KRAMER DRIVE

SHOP · SHARE · CELEBRATE

BERWYN, PENNSYLVANIA



Donation Request Form

Name of Organization:				
Address:				
Street	City	State	Zip Code	
Contact Person:				
Tax ID Number:	_ Ph	Phone:		
Please attach a form	al letter that details your	event and req	uest.	
Reason for Donation:				
Date of Event:				
Event Description:				
Donation Requested:				
Amount Approved: \$				
Approved By:	1)2	ite:		

Please forward requests to customerservice@kramerdrive.com with a 501c.

Requests will take at least 2 weeks to process.