



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.

Signed By: _____ **Title:** _____ **Date:** _____

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 completed form to contact@thorart.com.