



Donation Request Form

Organization's Information

Organization Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Website: _____

Requesting Individual's Information

Name: _____

Title: _____

Email: _____ Phone #: _____

Event Information

Event Type: _____

Date of Event: _____ Anticipated Number of Attendees: _____

Is this a non-profit event? (yes/no): _____

History of event (years held, attendees, etc): _____

How is event being marketed (website, email blast, social media, etc): _____

Donation Request: _____

How will the donation be utilized?: _____

Has this organization received a Suspenz donation in the past?: _____

Date donation is required by: _____

Ship To: _____ Address: _____

City: _____ State: _____ Zip Code: _____