

DONATION

Request Form

Completion of this form indicates a request; it does not guarantee a donation. Donation requests must be received a minimum of 2 weeks prior to the event to be considered.

Event D	ent Date Date Donation needed by				# of Attendees	
Organization						
Туре:	Business	\square Charity	Church	Civic	School	\square Other
	If other, please spe	cify:				
Tax Exempt # / 501c3						
Donation mailing address						
			Illingia			
Contact Name						
Daytime Telephone # Fax #						
Evening Telephone #						
E-mail						
Event Name						
Event Location						
Event Description (Please be specific, who benefits, the cause, goals, etc)						
Item(s) requested: (be specific, food donation, product, gift certificate)						
Item to be used for (silent auction, door prize, etc)						

^{***}As a courtesy, those that have requested donations will be asked to recognize Avanti's contributions during the event and in pre-event and post-event communications.