



SANFORD
CENTER



DONATION REQUEST FORM

DATE OF INQUIRY: _____

ORGANIZATION INFORMATION

NAME OF ORGANIZATION	WEBSITE ADDRESS
ADDRESS/CITY/STATE/ZIP	PHONE NUMBER
NAME OF CONTACT/TITLE	EMAIL ADDRESS
FEDERAL TAX EXEMPT 501C3 (CIRCLE): Yes No	FEDERAL TAX-EXEMPT NUMBER: _____

HAS THIS ORGANIZATION RECEIVED A DONATION FROM THE SANFORD CENTER BEFORE? (CIRCLE): Yes No

EVENT INFORMATION

WHAT IS THE EVENT FOR WHICH THE DONATION WILL BE USED?: _____

WHAT IS THE GOAL OF THE EVENT?: _____

HOW MANY PEOPLE WILL BE AT THE EVENT?: _____

EVENT ADDRESS/CITY/STATE/ZIP: _____

HOW WILL THE DONATION BE USED (DOOR PRIZE, AUCTION ITEM, ETC.)?: _____

WILL YOU NEED ANY MARKETING MATERIALS FROM THE SANFORD CENTER (EX. LOGO): (CIRCLE) Yes No

DONATION ITEM AND TIMELINE

ITEM REQUESTED FOR DONATION	
DATE DONATION IS NEEDED	DATE OF THE EVENT
NAME OF PICKUP CONTACT	PHONE NUMBER FOR PICKUP CONTACT

INTERNAL USE ONLY

DATE RECEIVED: _____	APPROVED	DENIED	VALUE: _____
ITEMS GIVEN: _____			
DATE: _____	STAFF SIGNATURE: _____	ITEMS PICKED UP: Yes No	