

DONATION REQUEST FORM

Completion of this form is a request only and does not guarantee a donation. In order to be considered, donation requests must be received a minimum of 6-8 weeks prior to the event. Only approved request will be notified.

Organization Name: _____

Address: _____

County: _____ City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

Type of Organization: (please check one)

____ Animal Welfare ____ Church ____ Arts & Culture ____ Civic & Community
____ Government/Military

____ Athletic ____ Education ____ Business ____ Health & Human
Services ____ Environment/Agriculture

Tax Exempt#/501c3 (attach documentation) _____

Contact Name: _____ Contact Telephone (____) _____ - _____

Event Date: _____ Event Name: _____

Event Location: _____

Description of Event: _____

Item to be used for: (Please check one)

Door Price: _____ Incentive: _____ Silent Auction: _____ Raffle: _____

Live Auction: _____ Other: _____

Donation Shipping Address: _____

Attention: _____

Address: _____

City, State, Zip _____

We give back because we can, because we care and because we believe that everyone doing a little can accomplish a lot. Enhancing the lives of those around us is both a responsibility and a privilege.

Has your organization made a request in the last 12 months? Yes/No

Please mail the completed form along with any additional information to Kocourek Ford ATTN: Marcie Wicklund 2727 N 20th Ave, Wausau WI 54401