
DONATION REQUEST FORM

Please read and review all guidelines and requirements before submitting application. Please print legibly in ink.

ORGANIZATION INFORMATION

ORGANIZATION NAME

TAX-EXEMPT NUMBER

ADDRESS

CITY, STATE, ZIP

CONTACT PERSON/TITLE

PHONE

EMAIL

ITEM REQUESTED

ADDITIONAL INFORMATION

Please list the individuals/communities served by your organization.

What programs and/or services does your organization provide?

What is the intended use of the donated equipment for your organization?

