



# Donations Request Form



\*Please make all requests a minimum of 2 weeks in advance of your event\*

Request Date: \_\_\_\_\_ Event Date/Time: \_\_\_\_\_

Event Location: \_\_\_\_\_

Organization Requesting Donation: \_\_\_\_\_

Organization Primary Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization Secondary Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization Type:  Nonprofit  School  For profit

Organization Mission: \_\_\_\_\_

Organization/Event Website: \_\_\_\_\_

Organization Social Media: \_\_\_\_\_

Event Type: \_\_\_\_\_

Donation Type:  Mascot Appearance  Auction/Raffle  Door Prize

Notes: \_\_\_\_\_

RiverKings Representative: \_\_\_\_\_

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**Office Use Only**

Donated Item(s): \_\_\_\_\_ Value: \$ \_\_\_\_\_

Donations Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

General Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Program Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Pick Up  Delivery  Mailed Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Correspondence Notes: \_\_\_\_\_