



Charitable Donation Request Form

We do not offer cash donations.

Organization Name: _____

Address (Street & Mailing): _____

Phone: _____

Website: _____

E-mail Address: _____

Tax ID: _____

Name & Title of Contact Person: _____

Address (if different from above): _____

Contact's Phone: _____

Contact's E-mail: _____

Is this organization...

| | Yes | No |
|--|--------------------------|--------------------------|
| A 501(c) 3 organization (non-profit)? | <input type="checkbox"/> | <input type="checkbox"/> |
| A local chapter of a national charity? | <input type="checkbox"/> | <input type="checkbox"/> |
| A solely local charity? | <input type="checkbox"/> | <input type="checkbox"/> |

Your organization's activities focus on:

- Youth athletics & development
 - Healthcare & Human service programs
 - Education
 - Job development
 - Housing
 - Programs for at-risk youth or low to moderate income individuals or families
 - Performing arts & cultural activities
 - Environmental & preservation programs
 - Other _____
-

Please tell us about the requested donation

Name and give a brief description of the program/project for which you are requesting a donation and how the community will benefit from it.

Which restaurant(s) is the donation requested from?: _____

Type of Request (Gift Card, Sponsorship, Food Donation, Private Dinner, Give Back Night): _____

Amount of Request (if gift card or sponsorship): _____

Value of Request (if private dinner, food donation or give back night): _____

Will the restaurant be recognized for this donation? If so, how?: _____

E-mail address to send restaurant logo: _____

Key Information

Name, Date & Projected Attendance of Event/Program: _____

Date by which donated item needs to be received: _____

Signature of Applicant: _____ **Date:** _____

Please send request to: E-mail: bridget.kramer7210@gmail.com

**Mail: Bridget Kramer
2403 Washington Ave.
Evansville, IN 47714**