

Charitable Donations Request Form

We have received your request for a donation from Park West Gallery to be used in your charitable fund-raising effort. Please complete the following application so that we may better evaluate your request. Return the completed form to our address or fax number, **along with a cover letter on your organization's letterhead.** **You will receive a response in 3 to 4 weeks. Our receipt of this form does not guarantee your organization a donation.**

Guidelines

- ✓ Charitable organization's nonprofit tax identification number on this form.
- ✓ Completed request form received by Park West Gallery at least 6 weeks prior to the event.

Organization

Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Phone: _____

Tax exempt ID: _____

Type of fund-raising event:

Silent Auction Auction Raffle

Date of fund-raising event: _____

Anticipated attendance at event: _____

Item requested for donation: _____

If your request is approved, to what address should the donation be sent? No P.O. Boxes, please.

Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Contact Person

Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Phone: _____

Briefly state the purpose of your charitable

organization: _____

Briefly describe how the funds raised by the event

will be used: _____
