



REQUEST FOR DONATION

DATE SUBMITTED: NAME OF ORGANIZATION:
DATE REQUEST NEEDED BY:
MISSION OF ORGANIZATION:

REQUESTED BY: PHONE/EMAIL:
PRIMARY CONTACT: PHONE/EMAIL:
ORGANIZATION ADDRESS:
BRIEF HISTORY OF ORGANIZATION:

ZONTA MEMBER CONTACT (if applicable):
REASON/EVENT DONATION IS REQUESTED:
DATE OF EVENT: DONATION AMOUNT NEEDED OR ITEMS REQUESTED:
WHO WILL BENEFIT FROM THE DONATION?

HOW WILL THIS SUPPORT ZONTA'S MISSION:

HAS ZONTA MADE DONATIONS TO THIS ORGANIZATION IN THE PAST: IF SO, WHEN:

PLEASE BE SURE TO SAVE THIS COMPLETED FORM AND FORWARD THE FILE ALONG WITH YOUR ORGANIZATION'S Section 501© (3) TAX EXEMPT NUMBER, IF APPLICABLE. SEND ALL INFORMATION BY MAIL OR EMAIL TO:

ZONTA CLUB OF DEFIANCE
ATTN: REQUEST FOR DONATIONS
PO BOX 254
DEFIANCE, OH 43512
OR

EMAIL: info@zontadefiance.com

SUBJECT LINE: REQUEST FOR DONATION

*PLEASE GIVE OUR CHAPTER 10 DAYS TO REVIEW YOUR SUBMISSION