DONATION REQUEST FORM

Organization Information:

Organization Name _____

Tax ID # _____ Organization/Event Website _____

Address _____

Do you have a connection to the shooting industry? Yes / No If so, explain _____

_____

Contact Name _____ Contact Phone Number _____

Contact Email Address _____

Donation Requested:

What type of donation are you requesting? _____

How will the donation be used?_____

Is this donation for a specific event? Yes / No Event Date _____

If so, please proved a short description of the event (required)

_____

_____

_____

Will Cherokee Firearms' Logo/Name be printed or listed in material? _____

Expected Attendance _____ Event Location _____ Ticket Price _____

In order for your request to be considered, please filled out form completely. Additional info may be added.

Important information regarding donation requests:

* Please allow up to 2 weeks for request to be considered. No phone calls please.

* Due to the volume of requests we receive, we are unable to fulfill every request. (For school groups, we typically give priority to our local elementary, middle school, and high school.)

* If your request can be fulfilled, we will contact you via the email or phone provided.

* All donations granted will be available for pick up at Cherokee Firearms, 1500 W. College, Spfd. 65806

Please Email to Jason@Cherokeefirearms.com

OFFICE USE ONLY

Donated item _____ Exposure _____

Certificate number(s)