DATE OF REQUEST: Click or tap to enter a date.

NAME OF ORGANIZATION: Click or tap here to enter text.

MISSION OF ORGNIZATION: Click or tap here to enter text.

REQUESTED BY: Click or tap here to enter text. PHONE/EMAIL: Click or tap here to enter text.

PRIMARY CONTACT:Click or tap here to enter text. PHONE/EMAIL:Click or tap here to enter text.

ORGANIZATION ADDRESS: Click or tap here to enter text.

BRIEF HISTORY OF ORGANIZATION: Click or tap here to enter text.

REASON/EVENT DONATION IS REQUESTED: Click or tap here to enter text.

DATE OF EVENT AND/OR DONATION NEEDED: Click or tap here to enter text.

WHO WILL BENEFIT FROM THE DONATION: Click or tap here to enter text.

HOW WILL THIS SUPPORT ZONTA’S MISSION: Click or tap here to enter text.

HAVE WE MADE DONATIONS TO THIS ORGANIZATION IN THE PAST: Click or tap here to enter text.

IF SO, WHEN: Click or tap here to enter text.

PLEASE FORWARD THIS COMPLETED FORM 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: REQEST FOR DONATIONS

PO BOX 254

DEFIANCE, OH 43512

EMAIL: info@zontadefiance.com

SUBJECT LINE: REQUEST FOR DONATION

\*PLEASE GIVE OUR CHAPTER 10 DAYS TO REVIEW YOUR SUBMISSION