

The Nicky Project Donation Request Form

Date: ____/____/____

Contact Name: _____

Contact Title: _____

Contact Email: _____

Contact Phone: _____

Organization Name: _____

Organization URL: _____

Address: _____

City: _____ State: _____ Zip: _____

Description of Organization/Event/ Activity/:

Description of services provided and community served:

Number of Participants: _____

