



# Hughson Chamber of Commerce Donation Request Form

Organization Name: \_\_\_\_\_

Organization URL: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Non-Profit ID # \_\_\_\_\_

Date of event/activity if applicable: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Anticipated Number of Participants: \_\_\_\_\_

Type of donation Requested:

\_\_\_\_\_

Name and description of event or purpose of donation:

\_\_\_\_\_

\_\_\_\_\_

Description of services provided, and community served:

\_\_\_\_\_

\_\_\_\_\_

Is there anything additional that you would like us to know?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_