

Donation Request Form

Request Information			
Amount Requested and/or Item Requeste	ed:		
		_	_
How Will the Donation Be Used?			
Hee ON OOF was don't don't don't don't	2	V	K.I.
Has CALCOE made a donation in the past'		Yes	No
If applicable, will advertising for CALCOE b			
Yes No No	N/A		
If yes, please describe:			
If an avent is involved what is the same to	nd attandens - C		
If an event is involved, what is the expecte	eu attendance?		
Date of Event:			
Organization	n Information (if	applicable)	
Organization's 501(c)(3) (if applicable):			
Information About the Organization: (e.g. mi	ssion, vision, history, w	/ho/what the org serves)	
Organization's Address: (Address, City, State, Zip)		
Contact Information			
Contact Name:	ac informatic		
Mailing Address:			
Email Address:			
Phone Number:			
At what date is the donation needed?			
mac adto to the defiation needed:			
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CALCOE will not consider requests made by organiz gender, national origin, disability, marital status, ve		_	
Someon, mademar origin, disability, mantal Status, Ve	wan status, sexudi	onemation, or other D	aolo promoneu by law.
Received by:	Date:	Time:	
Donation Committee Meeting:	Decision:		
Date Requester was Contact Regarding Decision:			