Charity Request Form

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About You Your name ____ Do you reside in this state? ☐ Yes ☐ No How can we contact you? Email Phone Do you have the charity's permission to solicit donat ons on its behalf? \square Yes \square No Name and contact informat on of the person at the charity who approved this solicitat on. Fmail Phone **About Your Request** What date(s) would you like to raise funds on the premises? What t me of day? ☐ Morning ☐ Af ernoon ☐ Evening Have you previously had a fundraiser at our locat on? ☐ Yes No What type of act vity will you conduct? (Will you set up a table or other equipment? Will you hand out leaf ets or brochures? How many people will be involved? Will you collect cash? Will you sell food or other items? If so, what will you sell?) Please provide a detailed descript on. How will the cash or other donat ons be safeguarded?

Thank you! We will get back to you soon.

How will you deliver donat ons you collect to the charity?