



DONATION REQUEST FORM

Wittenberg Area Chamber of Commerce

Requirement: Organization must attend board meeting to present donation need for potential approval.

ORGANIZATION INFORMATION

NAME	
COMPANY	
BILLING ADDRESS	
CITY, STATE ZIP	
TELEPHONE	
FAX	
E-MAIL	
OTHER CONTACT	

EVENT INFORMATION

NAME OF EVENT:

DATE OF EVENT:

DETAILS OF EVENT AND CAUSE OF BENEFIT:

ITEM(S) OF REQUEST:

**** PLEASE GIVE 3 - 5 WEEK ADVANCE NOTICE ****

Requests are not guaranteed automatic fulfillment.

For Chamber Board Use Only:

Approved Declined

Upon Approval please note the following fulfillment decision:

Comment:

Date of Fulfillment

Date Response Sent to Recipient

Signature _____

Date _____