

CHARITABLE DONATION REQUEST FORM

All of the following information is required in order for Careys Furniture to consider your request

Organization: _____ Date: _____

Organization's Contact Person _____ Title: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Contact person's relationship to the organization? _____

What services are rendered by your organization? _____



What percentage of the donation will be used to help low to moderate income individuals or families? _____

What kind of advertising /signage and recognition will Careys Furniture receive, if any? _____

Is there any other businesses donating at this time? If so, please list. _____

Name of Event or Project: _____ Location: _____

Description of Event or Project Objectives: _____

Estimated number of Attendees or Participants: _____ Date of Event or Project: _____

What type of contribution are you seeking? (check one)	
_____	Monetary \$ _____ Gift Cards \$ _____ Qty. _____
_____	Careys Furniture Products or Services. Desired Item(s): _____

By what date do you need the contribution? _____

Please submit completed request forms no less than 30 days before contribution is needed. Incomplete or late proposals may not be considered.

Does your organization or members do business with Careys Furniture? _____

To whom should we make the check payable to? _____

Signature of Organizations Officer: _____

Within 30 days following the event, please provide a letter or program showing how funds were used and the benefits Careys Furniture received.

Internal Use Only

Date of Review: _____	Approved: _____	Denied: _____
Conditions: _____		