**DONATION REQUEST FORM**

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| **Charity Information** | | | | | | |
| Organization Name: |  | | | | | |
| Contact Name: |  | | | | | |
| Title: |  | | | | | |
| Mailing Address: |  | | | | | |
| Email: |  | | | Phone: |  | |
| Date of Request: |  | | | Deadline for Donation: |  | |
| **Description of Fundraising Effort** | | | | | | |
| Provide information about:   * Summary of project, including any special timelines, events * Benefits to the community in which Interfor operates * How this fits with Interfor’s Donation Policy * Amount being requested: $ or in-kind * How Interfor will be recognized for this support | | | | | | |
| **Donation Type** | | | | | | |
| Cash Donation | | Inventory Donation | Purchase Item | | | Other |
| If other, please describe: | | | | | | |
| Tax Receipt Provided?:  Yes  No  INTERFOR USE ONLY:  Registered Charity  Industry Related  Local Community  Local Youth  APPROVED BY:  Name and Title: Division: | | | | | | |