**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
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| **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:  |