



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## DONATION REQUEST FORM

DOW BAY AREA FAMILY YMCA  
225 WASHINGTON AVE.  
BAY CITY, MICHIGAN 48708

ORGANIZATION: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_ DATE DONATION IS NEEDED BY: \_\_\_\_\_

PLEASE DESCRIBE HOW DONATION WILL BE USED (AUCTION, RAFFLE, DOOR PRIZE, ETC.):

\_\_\_\_\_  
\_\_\_\_\_

HAS THE DOW BAY AREA FAMILY Y PROVIDED YOUR ORGANIZATION WITH A DONATION IN THE PAST?

YES  NO

IF YES, WHAT ITEMS AND WHEN: \_\_\_\_\_

ADDITIONAL INFORMATION OR COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**PLEASE PROVIDE A DONATION REQUEST LETTER AND EVENT FLYER ALONG WITH THIS REQUEST FORM.**

THE INFORMATION ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE. SHALL THE DONATION BE APPROVED, I WILL USE THE DONATED GOODS FOR THE PURPOSE LISTED ABOVE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**FOR DOW BAY AREA FAMILY Y USE ONLY**		
<input type="checkbox"/> ACCEPTED	APPROVED SIGNATURE	PICK-UP SIGNATURE
<input type="checkbox"/> REJECTED	APPROVED DATE	PICK-UP DATE
DONATION & VALUE		

FOR ANY ADDITIONAL QUESTIONS, CONTACT: ASHLEY LEVASSEUR • COMMUNITY RELATIONS & MARKETING COORDINATOR • 989. 895.8596 • ALEVASSEUR@YMCABAYCITY.ORG