



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 YMCA 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 YMCA USE ONLY

<input type="checkbox"/> ACCEPTED	APPROVED SIGNATURE	APPROVED DATE	PICK-UP SIGNATURE
<input type="checkbox"/> REJECTED	REJECTED SIGNATURE	REJECTED DATE	PICK-UP DATE
DONATION & VALUE			