

CHARITABLE REQUEST FOR CONTRIBUTION

please fax to 716 886 3541

Thank you for thinking of **room** for your upcoming fundraising event. Since we opened our doors in 2005, supporting not-for-profit organizations in our community has been a part of our mission. Requests are so numerous though, that they exceed our financial capabilities. So that we may fairly distribute our donations throughout the year, we ask that you complete this form. Thank you for your cooperation.

We require the following information:

1. Request on organization's letterhead
2. Outline of organization's mission and description of event
3. Copy of 501-C3 certificate
4. Specific outline of request and how **room** will be recognized

PLEASE FILL OUT ANY INFORMATION THAT IS NOT INCLUDED IN REQUEST ON NON-PROFIT LETTERHEAD:

NAME OF ORGANIZATION _____

ADDRESS _____ TELEPHONE _____

501-C3# _____

NAME OF DEVELOPMENT OFFICER _____

NON-PROFIT SERVICE MISSION (CHECK ONE)

housing women's services education health
animal youth equality other _____

MISSION DESCRIPTION _____

BOARD LIST (please attach)

SOLICITOR NAME _____

SOLICITOR ADDRESS _____ TELEPHONE _____

SOLICITOR EMAIL ADDRESS _____

NAME OF EVENT _____

DATE OF EVENT _____ LOCATION _____

DESCRIPTION OF EVENT _____

DONATION REQUEST _____

HOW WILL **room** BE RECOGNIZED FOR CONTRIBUTION _____



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