

Donation/Sponsorship Request Form

Organization		Contact:		
Phone	Email			
Address				
Is your organization a nor	n-profit, 501c3? yes	no		
Type of Request:	n Kind Donation Cash Do	nation Spor	ısorship	
What is your organization	n's mission?			
How many people do you	ı serve in the Tri-State area, or hov	v many will you serv	/e?	
What are you requesting	?			
·	ocal organizations to help make you sidered for discounted ice cream red.	•		-
In Kind Donation of a	goods or services; What do you ne	ed?		
Date of event	Request would be need	led by		
	t amount are you requesting? r request is for an event sponsorsh			
·	ow to provide additional information regarding your request.	on about how your c	organization serves ou	ır community and

Submit this form to donations@gokwikstop.com at least 30 days prior to the **month** during which your request is needed.