



DONATION REQUEST FORM

Thank you for your interest in Trail Appliances. All requests must be sent **at least SIX weeks** prior to the event

ORGANIZATION INFORMATION

Full Name of Organization _____

Street Address _____ City _____ Postal Code _____

Contact Person _____ Title _____

Phone Number _____ Email _____

Non-Profit or Tax Identification Number _____

Brief Description of Organization:

Who the Organization Benefits:

Geographic Area Served:

EVENT DETAILS

Program/Event Name _____ Event Date _____

Location of Event _____ Approx Attendance _____

Type of Event (online auction, gala etc)

Thank you for your submission. We will contact organizations whose request has been approved. No phone calls please. We wish you much success with your fundraising endeavours.



EVENT DETAILS CONTINUED

Event Details (who the event benefits etc):

REQUEST DETAILS

What is your request?

Have you received a donation from Trail Appliances before? Yes ____ No ____

If yes, when? _____

Details:

ADDITIONAL INFORMATION (if there's anything you'd like to expand upon, please add it in here):

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