



# W. L. FRENCH EXCAVATING CORPORATION

COMMERCIAL SITE DEVELOPMENT • CONTRACT TRUCKING • ENVIRONMENTAL MANAGEMENT

## Donation Request Form

Organization Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tax Exempt #: \_\_\_\_\_ (Please provide a copy of your government exempt certificate with this form.)

Description of the Event and/or reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Items Requested:  Monetary: \$ \_\_\_\_\_  Sponsorship: \$ \_\_\_\_\_

Other: \_\_\_\_\_

How will this/these item(s) be used? \_\_\_\_\_

\_\_\_\_\_

Have you requested donations from us in the past?  Yes, we have Date: \_\_\_\_\_

No, we have not

When is donation needed by? \_\_\_\_\_ Amount expected to be raised: \_\_\_\_\_

What programs/services does your organization offer? \_\_\_\_\_

\_\_\_\_\_ How many people take advantage of these? \_\_\_\_\_

Has the governing board approved a policy, which states the organization does not discriminate to age, race, religion, sex, sexual orientation, or national origin?

Yes

No

***Please enclose a copy of your organization's IRS. determination letter, 501 ( C ) (3) will need to be uploaded during the application process. WLF reserves the sole and absolute discretion to determine recipients of its charitable contributions.***

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME & TITLE:** \_\_\_\_\_