

**TOWN OF PINE RIDGE  
DONATION REQUEST FORM**

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Organization Information: Please tell us more about the organization you are representing.

Organization: \_\_\_\_\_

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

What is your role within the organization? \_\_\_\_\_

Is this a non-profit organization with 501(c)(3) tax exempt status? YES / NO

If no, what is your organization's EIN (Tax ID)? \_\_\_\_\_

Website: \_\_\_\_\_

Event or reason why you are requesting donation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If event, what date & location is it being held? \_\_\_\_\_

Donation amount requested: \_\_\_\_\_

Please attached any supporting materials on why you are requesting a donation.