

DONATION REQUEST FORM



Organization Information

Nonprofit / Company Name: _____

Contact Name: _____

Relation to Organization: _____

Federal Tax Exempt #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Organization Details

What is your donation request?

What date is it needed and/or date(s) of the event?

What is the mission of your organization?

How will the funds raised help to accomplish your mission?

What events does your organization hold throughout the year to raise funds?

How will your organization advertise its partnership with Cookie Cupboard?

Additional Information:
