



1411 Fillmore Street  
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Twin Falls, ID 83301  
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## DONATION REQUEST FORM

Non-Profit Entity: \_\_\_\_\_

Street Address of Organization: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

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

Date of your event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Estimated attendance: \_\_\_\_\_

Date Donation item is needed: \_\_\_\_\_

Information about the event and how the donation will be promoted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What the event proceeds will be used for: \_\_\_\_\_

*Thank you for inviting us to help you be successful. Please attach flyers, etc.*

*Requests submitted two weeks in advance will be responded to by a member of the office staff.*