

DONATION REQUEST FORM

ORGANIZATION:
CONTACT NAME:
YOUR ASSOCIATION WITH ORGANIZATION:
FEDERAL TAX ID or 501(c)(3):
(Applications will not be considered without a Federal Tax ID number or 501(c)(3) status) ADDRESS:
PHONE:
Give a brief summary of the donation requested, including event date (if applicable), amount, other funding sources, fundraising efforts, and other organizations that have supported you through donations.
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Do you have an event flyer to attach? Yes No
Please attach most recent financial statement (if available).
*Representative from organization should be present for next City Council meeting to answer
any questions.
SIGNATURE: DATE:

RETURN DONATION REQUEST FORM AND ALL ATTACHMENTS TO:

Clerk Treasurer Becky Lyons, City of Greendale, 500 Ridge Avenue, Greendale, IN 47025. PHONE: 812-537-9219, FAX: 812-537-4915 or email: clerktreasurer@cityofgreendale.net