

DONATION REQUEST FORM

Forms should be attached to email to info@kellariny.com, subject: "Donation Request from (Organization Name)".
In order to have your request evaluated, please fill out all the fields.

ORGANIZATION INFORMATION

Name of Organization _____

Address of Organization _____

City _____ State _____ Zipcode _____

Organization's Purpose _____

Organization's Non Profit (501c3)# _____

CONTACT INFORMATION

Contact Person _____

Title/Position _____

Email _____ Website Address _____

Phone Number _____ Fax Number _____

TYPE OF DONATION REQUESTED

Catering. Number of people _____

Gift Certificate. Amount \$ _____

Monetary. Amount \$ _____

Use of Location.

Other (Please specify): _____

ABOUT EVENT

Date(s) and Time(s) of Event _____

Event Title _____

Purpose of Event _____

Goals for Event _____

Expected audience and number of attendees _____

Will the restaurant be recognized? (i.e. ad, sponsor listing, etc.) _____

Additional Details _____

How did you hear about us? _____